

# **RECRUIT ASSESSMENT PROGRAM: IMPLEMENTATION AT MARINE CORPS RECRUIT DEPOT, SAN DIEGO**

NAVAL HEALTH RESEARCH CENTER

<sup>1</sup>Deployment Health Program

P.O. Box 85122

San Diego, CA 92186-5122

<sup>2</sup>Department of Veterans Affairs, Washington, DC

Suzanne E. Lane, BA<sup>1</sup>,

CDR Sylvia Y. N. Young, MC, USN<sup>1</sup>,

Lisa Bayer<sup>1</sup>,

Beverly Hogan, BS<sup>1</sup>,

Kenneth C. Hyams, MD, MPH<sup>2</sup>,

CDR Margaret A. K. Ryan, MC, USN<sup>1</sup>

This represents NHRC Report No. 02-17, supported by the Department of Defense, under research work unit 60002. The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of the Navy, Department of Defense, or the U.S. Government. Approved for public release; distribution unlimited. This research, performed under NHRC IRB-approved protocol 32213, has been conducted in compliance with all applicable Federal Regulations governing the protection of human subjects in research.

## **ABSTRACT**

The collection of baseline health data in military personnel is important for force health protection, and crucial to the evaluation of health-related issues facing the military. The Recruit Assessment Program is a proposed Department of Defense initiative designed to collect baseline data from all new accessions. It has been successfully implemented at the Marine Corps Recruit Depot, San Diego, under the direction of the Department of Defense Center for Deployment Health Research at the Naval Health Research Center, and in cooperation with the Marine Corps training community. Implementation has demonstrated the benefit of the Recruit Assessment Program as an instrument for collecting baseline health data, and it has established the feasibility of its use in military training environments.

**DISTRIBUTION STATEMENT A**  
Approved for Public Release  
Distribution Unlimited

**20040105 023**

## ACKNOWLEDGMENTS

The authors gratefully acknowledge the support of the following:

Department of Defense-Health Affairs:

COL Riddle, LtCol Gibson, LtCol Dawkins, CDR Clark, Maj Green, Maj Mullins, CPT Hopkins

Marine Corps Recruit Depot, San Diego:

COL Thaler, COL Huddleston, LTC Walsh, LTC Wersel, LTC West, MAJ Morton, CPT Brook-  
ing, CPT Lewis, CPT Schneider, CPT Seade, MSGT Kent, GSGT Lumabao, GSGT Shaw, SSGT  
Vollmer, SSGT Moreno

Naval Medical Center, San Diego:

CAPT Hann, CDR Morris, LT Southerland, LT Leal, LTJG Fong, HM1 Hunter

Integic Corporation:

Bob Bradley, Chris Farley, Ken Kaplan

U.S. Army Center for Health Promotion and Preventive Medicine:

Dr. Bruce Jones, Dr. James Wells, Keith Hauret, Michelle Chervak, Dr. Edward Hoedebecke,  
Kimberly Koth

Department of Defense Center for Deployment Health Research, Naval Health Research Center:

Christina Corpuz, Christian Hansen, William Honner, Tyler Smith, Shawn Watson, Jim Whit-  
mer, Suzanne Clark, Lesley Henry, Karen Schlangen, James Ramage, Beverly Hogan, Lisa  
Bayer, Allyson Andrews, Dr. Gregory Gray

## INTRODUCTION

Several scientific review panels have recommended that the Department of Defense (DoD) maintain more comprehensive and reliable medical surveillance data. As highlighted by the Persian Gulf War, there is a need to obtain accurate baseline health data from all service members. Critical deficiencies in health surveillance and recordkeeping, and the lack of detailed documentation of pre-deployment health status, prevented the assessment of many service members' and veterans' health issues. The Recruit Assessment Program (RAP) was proposed to collect baseline health data critical to understanding potential health effects of deployments and exposures of military concern, as well as to allow for the assessment of preventive medicine measures.

The RAP was designed by the DoD in conjunction with the Veterans Administration (VA) to collect baseline demographic, medical, psychosocial, occupational, and health risk factor information through a self-administered survey. These data are to be collected from all service members at the time of initial military training, and stored in a single, secure database. The instrument used to obtain RAP data was created in the form of an optically scannable pencil-and-paper questionnaire.

The questionnaire has been significantly modified over the past year. While it is a working draft, it is the product of more than a year of development. Significant to this development is the feedback obtained from preliminary focus group pilot testing at Marine Corps Recruit Depot (MCRD), San Diego. The information gathered through these sessions was used to refine and enhance the original survey. The latest version of the questionnaire, in operation at MCRD, San Diego, since 01 June 2001, has undergone correlation testing, assessment of

completion frequency, and validity testing. Implementation of the RAP at MCRD entailed establishing a partnership with the Marine Corps training community and forging cooperation with Branch Medical Clinic staff. To gain the support of MCRD, the RAP was required to implement timesaving automation to recruit in-processing. This was achieved by establishing an electronic interface between the RAP database and the Composite Health Care System (CHCS) to automate the entry of basic demographic information.

To assess the RAP instrument currently in use at MCRD, it is necessary to understand the challenges, constraints, and goals guiding its development. Fundamentally, it must collect valid baseline data under demanding, varied, and often time-constrained circumstances. The successful implementation of the RAP at MCRD can be used as a model for other accession points throughout the DoD.

## METHODS

Survey Design. The RAP was developed by expert panels using validated survey instruments of proven utility for comparison with other populations.<sup>1-5</sup> The RAP survey includes questions from the DoD Standard Form 93 (SF 93), as well as more extensive health and risk factor questions from other instruments. Sources for additional questions came from the Alcohol Use Disorders Identification Test, the DoD Health Enrollment Assessment Review 2.0 (HEAR), the DoD History Opinion Inventory - Revised, the National Comorbidity Study, the Patient Health Questionnaire, and the Medical Outcomes Survey Short Form (SF-12/36). Although all military recruits should be healthy, a checklist of common symptoms was included, as they are on the SF-93, because the relationship between somatic complaints and long-term health outcomes is not well understood.<sup>6</sup> The RAP questionnaire is compatible with existing health data

instruments used by DoD, such as the military's HEAR and the VA/DoD joint health records system.

The RAP survey needed to accommodate the unique environment of basic training. Time-constrained circumstances of in-processing and variations within the military require survey questions to be short and self-explanatory. Because trained personnel cannot always be available to administer the survey, it is important that the RAP questionnaire be simple and easily understood by 17- to 35-year-old inductees. Military recruits are drawn from diverse educational and cultural backgrounds, and straightforward language is required.

The RAP is not designed to collect the type of detailed information that would be required to make clinical diagnoses or screen recruits for factors that would disqualify them from service. Accordingly, there are no illicit drug questions or other questions that would warrant immediate disqualification. These types of questions should be addressed during the pre-induction physical examination at each Military Entrance Processing Station (MEPS).

The RAP questionnaire does not completely rely on previously validated survey instruments. Because most survey instruments are designed for clinical care or research purposes, they are unsuitable for use in the hurried and chaotic recruit training environment. Potentially confusing skip patterns, complex formats, and densely worded questions were avoided. Some validated instruments could not be used due to copyright and legal restrictions.

Because the RAP questionnaire does not completely rely on previously developed instruments, comparisons with other populations may be limited. However, this limitation may be greatly minimized after just a few years of DoD-wide implementation. The RAP will have collected normative data on more than 1 million persons (approx-

mately 250,000 recruits inducted each year) in just over 4 years, greatly enhancing the predictive value of its unique questions.

Data Collection. Various forms of instrumentation were considered for the RAP, but a self-administered questionnaire was determined to be the most practical. One thousand or more recruits may in-process each week at major recruit centers, and it is not currently feasible to use computers to input data on an individual basis at all sites. The RAP instrument was created in the model of the Sailors Health Inventory Project at the Naval Recruit Training Command and Naval Hospital, Great Lakes, IL, that demonstrated the feasibility of electronically scanned health questionnaires.<sup>7</sup>

The optically scanned paper-and-pencil questionnaire represents a significant evolution over older "bubble-sheet" instrumentation. In addition to recording bubbled-in circles and squares, the advanced software can capture handwritten, alphanumeric text and store it as data, as well as capture signatures for medical/legal purposes. Moreover, modern scanning systems use standard personal computers and less expensive off-the-shelf scanners.

RAP developers considered several time periods when the RAP questionnaire could be administered: at MEPS before basic training, at the beginning of basic training, toward the end of basic training, and during the first duty station. The decision was made to administer the questionnaire during the first week of training for two reasons:

1. One of the primary purposes of the RAP is to provide baseline data to evaluate the health effects of military service. Because military service begins at the start of basic training, this was the logical place to begin collecting data. If the survey were administered sometime after the start of training, part of the military experience would be excluded.



2. Experimental data from the Air Force Medical Evaluation Test, which has conducted psychological testing of Air Force recruits for over 20 years, indicate that the most accurate responses to a questionnaire can be obtained during the first few days of training.<sup>8</sup> If the questionnaire were administered before training begins at the screening MEPS, less-candid responses would be obtained. Conversely, if the questionnaire were administered after more than 1 week of training, military experience might compromise the collection of true baseline data.

MCRD Partnership. Over the course of many meetings with Marine Corps training personnel and Branch Medical Clinic staff, Naval Health Research Center (NHRC) established an agreement to implement the RAP at MCRD, San Diego, provided that interference with normal recruit training was minimal. Information sessions regarding administration of the RAP were held with staff prior to implementation, and periodically thereafter. Timing and coordination were ensured through continued communication among Marines, the Clinic, and NHRC staff.

To secure MCRD support, the program promised to facilitate time-saving automation of medical in-processing. Toward this objective, it was agreed the RAP would automate entry of recruit records into CHCS, a computerized military medical order-entry system. A contract was established to create a software interface between CHCS and collected RAP data. In addition to CHCS entry, which facilitates early care, the RAP established a capability for creating recruit rosters and standard forms to speed medical in-processing.

Focus Group and Validation Testing. From its initial design, the questionnaire was modified to optimize structure, length, coherence, and content. Many of these

changes were made in accordance with feedback from focus groups that piloted the preliminary questionnaire at MCRD, San Diego.

The initial RAP survey was tested in the fall of 2000 by 198 male Marine recruits in small focus groups of 10 to 20 participants. Recruits were given the opportunity to comment on difficulties answering individual questions, as well as to discuss the length, coherence, and acceptability of the overall questionnaire.

This focus group testing proceeded in two phases. In the first 8 groups tested, an administrator read each question aloud, and recruits were encouraged to comment and ask questions. They were then asked to mark their answers. This process took approximately 60 minutes to complete the 15-page questionnaire. The feedback from these focus groups was then used to revise and shorten the questionnaire. Once these changes were made, the modified RAP questionnaire was administered to the final two groups. These recruits completed the survey on their own, without verbal instruction, and were timed uninterrupted until the survey was completed. The comments made by these last focus groups were then used to revise the RAP questionnaire to its current version.

The current RAP survey has undergone two test-retest studies to determine reproducibility. One partial, preliminary analysis was completed initially, followed by a comprehensive analysis of the entire survey. Recruits were administered the survey once on their first day at the Clinic, and again on a subsequent day of processing. Responses between test-retest of surveys were analyzed for agreement with the Kappa statistic.

A partially blinded test-retest study was performed to evaluate "sensitive" portions of the survey. Two platoons were administered the survey in its entirety,

followed by a second administration for which no identifying information was requested. Recruits were instructed to leave blank all but the last three sections of the survey. Response frequencies were calculated and correlations analyzed.

## RESULTS

Focus Group Modifications. First drafted as a 17-page survey, the RAP questionnaire has since been modified to the 12-page version currently in use at MCRD, San Diego (Appendix A).

The original questionnaire required 60 minutes to complete and was 17 pages in length, including a 2-page "Women Only" section for use at training centers with female recruits (Appendix B). The current version of the questionnaire takes 20 to 40 minutes to complete and is 12 pages long.

Recruit feedback from the focus groups was used to shorten the length of the survey through the deletion of repetitive and unnecessary questions. Other questions were simplified in language or length. The length of the questionnaire was initially shortened from 15 to 14 pages, and the time necessary for completion from 60 minutes when read aloud, to 40 minutes when self-administered. Subsequent revisions made to the questionnaire further shortened the length to 12 pages as well as the time required to 20 to 40 minutes. One of the major constraints in shortening the RAP questionnaire was the inclusion of questions from the DoD SF 93, which were retained in order to maintain continuity with current practices within DoD.

The changes made to the RAP questionnaire can be grouped into three categories: questions that were deleted, questions that were added, and questions that were modified. From the original questionnaire to the current version, 23 questions were deleted (Appendix C). Recruits in the focus groups were instructed to leave a question

blank if it was unclear or confusing. Several of the questions in the Medical History, Clinical History, and Family History sections were deleted because they obtained few positive responses or were frequently left blank by the recruits. Additional questions that asked for repetitive information were deleted from the original questionnaire.

There were two questions added to the RAP questionnaire during revisions (Appendix D). The first was added to the Use of Alcohol section as part of the standard CAGE questionnaire to screen for alcohol abuse. The second question, "Are you a twin?" has been added for VA and National Institutes of Health interest, and at the suggestion of the Institute of Medicine (IOM).<sup>9-11</sup> RAP data may be used as a complement to IOM's Current Era Twin Registry to benefit twins studies of potentially significant value to DoD.

Thus far, 21 questions have been modified from the original questionnaire (Appendix E). Recruits in the focus groups were asked to report questions that were difficult to understand or those they could not accurately answer with the available choices, and many of their suggestions were used to modify the survey. Changes were made to the Family History section to acknowledge the growing number of nontraditional families. The revised RAP questionnaire now distinguishes between biological parents and caregivers. This differentiation is especially important to obtain valuable and accurate family and medical history information for those recruits not raised by biological parents. Medical history questions specify "biological parent" where necessary, whereas questions related to family history are appropriately directed to elicit information regarding primary caregivers. Questions in the Use of Tobacco section were modified in response to the feedback from focus groups to improve readability and coherence. Other revisions to the RAP

questionnaire were made to simplify the answer choices or to add new answer choices for further clarity and accuracy.

One modification made subsequent to implementation addressed the complexity of racial/ethnic backgrounds and the diversity of the recruit population. Initially, recruits were able to mark more than one answer to the question of race, but the scanning software was not configured to accept more than one response for that field. The program was re-coded on 28 September 2001 to accept multiple responses, so that recruits may select more than one choice. Comprehensive race information is now collected, and surveys scanned prior to the change were rescanned using the new coding to capture all race data.

The feedback obtained through focus group testing greatly aided the development of a clear and concise RAP survey instrument. The questionnaire has been given as a routine part of medical in-processing procedures at MCRD, San Diego, since 01 June 2001.

Acceptance at MCRD. The Developmental Test and Evaluation team from the DoD Clinical Information Technology Program Office conducted testing and evaluation of the Integic interface product. All system requirements were evaluated and passed in spring 2001, and the interface was deployed in June. Since implementation, RAP has entered all recruit records into CHCS on the first day of initial medical in-processing. Before the implementation of the RAP, each recruit record was entered into the system by hand, an error-prone procedure subject to delays. The RAP interface has improved data quality and saved the equivalent of one full-time employee. Recruit data are now entered automatically into the system within hours, which has proved favorable to clinicians. In addition, as assessed by Clinic staff, RAP assistance has improved laboratory recordkeeping.

As presently designed, the RAP questionnaire can be completed under many different circumstances. It can be administered to large groups of recruits on a crowded deck as easily as it can be handed to individuals who are asked to complete it on their own. Initially, NHRC staff administered the survey by platoon at the Clinic, before recruits received immunizations and proceeded through further medical in-processing. In some circumstances, the survey was administered in smaller groups and to individuals waiting in lines during various processing procedures, to accommodate MCRD scheduling. Currently, the RAP questionnaire is self-administered. It may be especially important at many recruit centers that the RAP does not require a discrete block of time and may be completed without trained administrators. The flexibility of the program has been instrumental in keeping interference with normal recruit training to a minimum.

Instrument Analyses. The test-retest data were analyzed to determine reproducibility. Kappa statistic analyses were conducted on all available data to determine percent correlation by section. The initial analysis only examined Sections 1-6 (Appendix F). The second analysis examined the entire survey, producing matching percentages for all sections, with an average kappa coefficient of 0.92 (Appendix G).

Completion rate analyses were performed on the first 6 months of data (Appendix H). The first trough in completion rate corresponds to Section 3, Question 2. The second trough corresponds to Section 5, Question 6 (Appendix A). Both of these questions may be reexamined and modified to encourage a higher rate of completion.

To examine reliability of response, two platoons completed surveys as normally self-administered. The two platoons were then instructed to fill out the last three sections of a second survey, without filling out any

identifying information, so that blinded test-retest results could be examined. Frequencies of response for each question can be compared (Appendix I). Results suggest that recruits are, for the most part, candidly responding to the most sensitive questions on the survey.

## DISCUSSION

Limitations with respect to the development of the survey should be noted. Due to the extensive time necessary for the focus group testing, the recruits at MCRD participating in focus groups were in "hold" status because of medical injury or fitness issues. These recruits were in either a Medical Rehabilitation Platoon or a Physical Conditioning Platoon. Thus, the recruits used in the focus groups were not a completely randomized subset; these recruits had already been singled out for medical or health problems. Their status had the potential to influence their responses to the Medical History, Clinical History, and Diet and Health sections. It was also considered that, because of their experiences, these recruits might provide very candid feedback to researchers. The challenges that this sample of recruits faced while reading and understanding the RAP proved valuable.

A second limitation is related to the specifics of focus group testing at MCRD, San Diego. Only male recruits are trained in San Diego, and therefore only male recruits participated in the focus groups. The feedback given by male Marines cannot be generalized to the complete recruit population, which includes men and women in all branches of service. In collaboration with NHRC, the U.S. Army Center for Health Promotion and Preventive Medicine will oversee the focus group testing of the additional 18-question "Women Only" section at Fort Jackson, Columbia, SC, where both male and female Army recruits are trained.

It should be noted that the current RAP instrument is not the finalized version. The RAP pilot program at MCRD has revealed opportunities for improvement and will greatly aid in honing a final instrument that fulfills the goals of the program. Since implementation, the questionnaire has been used to collect data for over 7 months at MCRD, with data from 15,000 recruits collected as of May 2002. As RAP data are collected from larger numbers of recruits, limitations of the survey, not apparent in initial focus group testing, can be addressed.

RAP was successfully honed to a brief, well-understood survey. Test retesting shows strong agreement, suggesting that the questions are well developed. Recruits routinely take less than 30 minutes to complete the survey in multiple settings at in-processing, and drill instructors report no disruption in training. Automated time-saving steps facilitated by RAP in the Clinic (especially registration in CHCS) have made RAP acceptable to busy health care staff.

Future reports will describe RAP data after 1 year of implementation at MCRD, San Diego. These data will begin to set the baseline for new accessions. RAP information is expected to be invaluable to policymakers and health care providers who need to understand the experiences of new military accessions.

## CONCLUSION

Pilot testing of RAP at MCRD, San Diego, has demonstrated that the program is feasible and acceptable in the challenging recruit-training environment. Continued work on implementation will better demonstrate both reproducibility and validity of data obtained from the RAP instrument. The RAP experience of MCRD, San Diego, is expected to be of value to other military accession centers that will likely implement RAP in the future.

## REFERENCES

1. Centers for Disease Control and Prevention. Vital and Health Statistics: Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988-1994. U.S. Department of Health and Human Services, Hyattsville, MD, 1994, DHHS Publication No. (PHS) 94-1308.
2. McHorney CA, Ware JE, Raczek AE. The MOS 36-item short-form health status survey (SF-36), II: psychometric and clinical tests of validity in measuring physical and mental health constructs. *Med Care* 1993;31:247-263.
3. Spitzer RL, Williams JBW, Kroenke K, Linzer M, deGruy FV, Hahn SR, Brody D, Johnson JG. Utility of a new procedure for diagnosing mental disorders in primary care: The PRIME-MD study. *JAMA* 1994;272:1749-1756.
4. Halpern MT, Murray MI, Palmer CS, Reblando JA, Rust SW. Project HEAR: Health Enrollment Assessment Review Phase One. Literature Review, Analysis, and Recommendations. Report A1/PS-TR-1995-0012. Springfield, VA, National Technical Information Service, 1994.
5. Murray MI, Halpern MT. Project HEAR: Health Enrollment Assessment Review Phase Two. Development of HEAR Instrument and Result of Field Test. Contract 200-92-0534. Atlanta, GA, Centers for Disease Control and Prevention, 1996.
6. Kroenke K, Spitzer RL, Williams JBW, Linzer M, Hahn SR, deGruy FV, Brody D. Physical symptoms in primary care: Predictors of psychiatric disorders and functional impairment. *Arch Fam Med* 1994;3:774-779.
7. Mittelman M, Plunkett S, Bayer J. Total Navy recruit health: Making our sailors fit for the fleet. *Mil Med* 1998;163:98-101.
8. Crawford SL, Fiedler ER. Development and current status of USAF mental health screening. *Mil Med* 1991;156:596-599.
9. Page WF, Braun MM, Partin AW, Caporaso N, Walsh P. Heredity and prostate cancer: a study of World War II veteran twins. *Prostate* 1997;33(4):240-5.
10. Carmelli D, Page WF. Twenty-four year mortality in World War II US male veteran twins discordant for cigarette smoking. *Int J Epidemiol* 1996;25(3):554-9.
11. Page WF, Braun MM, Caporaso NE. Ascertainment of mortality in the U.S. veteran population: World War II veteran twins. *Mil Med* 1995;160(7):351-5.
12. Barrett DH, Duque D, Engel CC, Friedl K, Gray G, Hogan B, Hyams KC, Kaforski G, Murphy F, North R, Riddle J, Ryan MAK, Trump DH. The Recruit Assessment Program: A program to collect comprehensive baseline health data from US military personnel. *Mil Med* 2002;167(1):44-7.

**Appendix A.**

**CURRENT RAP QUESTIONNAIRE**

See attached Document.



# Recruit Assessment Program

Please complete the questionnaire as accurately as possible.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Example of numbers

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Shade circles and boxes like this



Not like this



## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 8013 and EXEC ORDER 9397

**PRINCIPAL PURPOSE:** Medical information will be collected to enhance basic medical knowledge.

**ROUTINE USES:** To determine population needs and register in health care computer system.

**DISCLOSURE:** I understand that all information described herein will be retained by the Naval Health Research Center and salient portions may be entered into my health record. I voluntarily agree to its disclosure as described herein.

**I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.**

		/			/		
--	--	---	--	--	---	--	--

year

month

day

\_\_\_\_\_  
SIGNATURE OF RECRUIT

TODAY'S DATE



## CHCS Registration Section










***Please begin by writing in your full name:***

**Last Name**[illegible]**First Name**[illegible]

### Middle Initial

7

***Please write in your  
Social Security Number  
and fill in the corresponding  
circles:***

				-			-				
1	1	1	1		1	1		1	1	1	1
2	2	2	2		2	2		2	2	2	2
3	3	3	3		3	3		3	3	3	3
4	4	4	4		4	4		4	4	4	4
5	5	5	5		5	5		5	5	5	5
6	6	6	6		6	6		6	6	6	6
7	7	7	7		7	7		7	7	7	7
8	8	8	8		8	8		8	8	8	8
9	9	9	9		9	9		9	9	9	9
0	0	0	0		0	0		0	0	0	0

**What is your date of birth?**

$$\frac{\square}{\square} \div \frac{\square}{\square} = \frac{\square}{\square}$$

year

month

day

**Please enter the correct letter or number of your company and platoon:**

**company**

platoon

--	--	--	--

**Are you allergic or have bad reactions to:**  
(mark all that apply)

- ☐ Bee stings      ☐ Aspirin  
☐ Shell fish      ☐ Penicillin  
☐ Milk      ☐ Sulfa drugs  
☐ Eggs      ☐ Narcotic drugs (like Codeine)  
☐ Iodine      ☐ Any other drug  
☐ Latex      ☐ Unsure  
☐ Adhesive tape      ☐ I do not have any of these allergies





**SECTION 2: General Information****1. Where were you born?**

☐ United States

-- if born in the US, write in which state in addition to filling in the bubble by "United States".

--	--

(See previous Address Page for a list of state abbreviations)

☐ Canada

☐ Europe

☐ Mexico

☐ Asia

☐ Central/South America

☐ Africa

☐ Caribbean

☐ Pacific Islands

☐ United Kingdom

☐ Other

☐ Republic of Ireland

**2. What describes your racial/ethnic background?**

☐ Native American, American Indian, or Alaskan Native

☐ Asian

☐ Pacific Islander/Filipino

☐ Black (African-American)

☐ Hispanic, Latino, or Spanish decent

☐ White (Caucasian)

**3. Where did you live most of the time as a child?**

☐ On a farm, ranch, or in the country

☐ In a small town with less than 10,000 people

☐ In small city with about 10,000 to 100,000 people

☐ In large city or suburb with over 100,000 people

☐ Moved around a lot to different cities

☐ Not sure

**4. How far did you go in school?**

☐ Some high school but no diploma

☐ Obtained GED (General Education Diploma)

☐ Graduated from high school

☐ Some college

☐ Graduated from trade or technical school

☐ Graduated from 4-year college or university

☐ Completed Masters or higher post-graduate degree

**SECTION 3: Work History****1. During your last year of high school, did you work full or part-time after school or in the summer?**

☐ No ☐ Yes

**2. Please mark if you ever had a job that lasted more than one month where you were around any of the following materials on most days:**

	No	Yes	Don't Know
-- dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- loud noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- fumes from gasoline, paint, or degreasers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- insecticides, pesticides, or herbicides (weed killers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- ionizing radiation, like x-rays or radioactive material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- welding material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- smoke from burning things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- lead (like inside car batteries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. Do you have any health problems you feel were caused by a previous job?**

☐ No ☐ Yes

**4. Have you ever been injured in a job that caused you:**

	No	Yes
-- to be treated in a medical clinic by a doctor or nurse	<input type="radio"/>	<input type="radio"/>
-- to be hospitalized overnight or longer	<input type="radio"/>	<input type="radio"/>
-- to miss more than one day of work	<input type="radio"/>	<input type="radio"/>

## 1. Were you mostly raised by:

- ☐ Two parents      ☐ Other relatives  
☐ One parent      ☐ Foster parents or guardians  
☐ Grandparent or grandparents      ☐ In group home or institution  
☐ Other

## 2. Were you adopted as a child?

- ☐ No      ☐ Yes      ☐ Don't know

## 3. Are you a twin?

(or triplet or one of a multiple birth set)

- ☐ No      ☐ Yes      ☐ Don't Know

## 4. How many brothers and sisters (including step-brothers/sisters) were raised in the same home with you?

--	--

## 5. How far did the father who raised you go in school?

- ☐ Did not complete high school  
☐ Completed high school or got a GED  
☐ Some college/technical school  
☐ 4-year college or university degree  
☐ Masters or higher degree  
☐ Don't know

## 6. How far did the mother who raised you go in school?

- ☐ Did not complete high school  
☐ Completed high school or got a GED  
☐ Some college/technical school  
☐ 4-year college or university degree  
☐ Masters or higher degree  
☐ Don't know

## 7. Is the mother who raised you alive?

- ☐ Yes  
☐ No, she died before I was 10 years old  
☐ No, she died after I was 10 years old  
☐ Don't know

## 8. Is the father who raised you alive?

- ☐ Yes  
☐ No, he died before I was 10 years old  
☐ No, he died after I was 10 years old  
☐ Don't know

9. Have your biological mother or father ever had:

	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>
high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mental or emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alcohol problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Has your biological mother, sisters, or aunts ever had breast cancer?

- ☐ No  
☐ Yes  
☐ Don't know

11. Has your biological father, brothers, or uncles ever had prostate cancer?

- ☐ No  
☐ Yes  
☐ Don't know

## SECTION 5: Clinical History

1. How tall are you without shoes ?

<input type="text"/>	-	<input type="text"/>	<input type="text"/>
feet		inches	

2. How much do you weigh without shoes?

<input type="text"/>	<input type="text"/>	<input type="text"/>
pounds		

3. Are you mainly right or left handed?

☐ Right      ☐ Left

4. How many different prescription drugs provided by a doctor are you currently taking each week?

☐ None                      ☐ 3  
☐ 1                            ☐ 4  
☐ 2                            ☐ 5 or more

5. Which of the following health care providers evaluated or treated you in the last 5 years: (mark all that apply)

- ☐ A general, family, or other medical doctor
- ☐ A mental health professional
- ☐ A dentist
- ☐ A surgeon
- ☐ An optometrist (eye doctor)
- ☐ A specialist or counselor in alcohol drinking problem  
(acupuncturist, herbalist, chiropractor)
- ☐ An alternative health practitioner
- ☐ None of the above

6. Have you ever had trouble with the following ANYTIME during your life? (mark all that apply)

- ☐ Chronic cough or cough at night
- ☐ Asthma
- ☐ Shortness of Breath
- ☐ Hay fever
- ☐ Arthritis, rheumatism, bursitis
- ☐ Chronic swollen, stiff, or painful joints
- ☐ Foot trouble (pain, corns, bunions)
- ☐ Knee trouble (locking or giving out)
- ☐ Scoliosis or curvature of the spine
- ☐ Dizziness, fainting, lightheadedness
- ☐ Frequent or severe headaches
- ☐ Difficulty concentrating
- ☐ Skin diseases, rashes or dermatitis
- ☐ Chest pain/pressure
- ☐ Sleepwalking
- ☐ Bed wetting
- ☐ Trouble stuttering
- ☐ Acne or skin problems
- ☐ Frequent indigestion
- ☐ Constipation/loose bowels
- ☐ Muscle aches
- ☐ Pain/problems during sexual intercourse
- ☐ I have had no trouble with any of the above

7. Have you ever been hospitalized overnight before?

☐ No      ☐ Yes



**SECTION 6: Use of Tobacco**

**1. Have you smoked more than 100 cigarettes (5 packs) in your entire life?**

☐ No      ☐ Yes

**2. Have you ever tried to quit smoking cigarettes?**

☐ I have never smoked  
☐ Yes, but I could not quit permanently  
☐ Yes, and I never smoked again  
☐ I smoke but have not tried to stop

**3. In the year before entering the military, did you smoke cigarettes?**

☐ Every day  
☐ Some days  
☐ Not at all

**4. At what age did you first start smoking regularly -- that is you smoked most days?**

☐ I have never smoked regularly  
☐ 13 years of age or younger  
☐ 14 to 15 years old  
☐ 16 to 17 years old  
☐ 18 to 20 years old  
☐ 21 years old or older

**5. How many years did you smoke more than 3 cigarettes on most days?**

<input type="radio"/> I have never smoked regularly	<input type="radio"/> 5 years
<input type="radio"/> 1 year or less	<input type="radio"/> 6 years
<input type="radio"/> 2 years	<input type="radio"/> 7 years
<input type="radio"/> 3 years	<input type="radio"/> 8 years or more
<input type="radio"/> 4 years	

**6. When you were smoking regularly, about how many packs did you smoke each day?**

☐ I have never smoked regularly  
☐ About 1/2 pack or less per day  
☐ About 1 pack a day  
☐ Between 1 and 2 packs  
☐ 2 packs or more

**7. When did you last smoke a cigarette?**

☐ I have never smoked  
☐ More than 1 year ago  
☐ More than 1 month ago  
☐ More than 1 week ago  
☐ Within the last few days

**8. Did you use any of the following 3 or more times during the past year:**

	<u>No</u>	<u>Yes</u>
-- a pipe	<input type="radio"/>	<input type="radio"/>
-- cigar	<input type="radio"/>	<input type="radio"/>
--smokeless tobacco (dip, chew, snuff)	<input type="radio"/>	<input type="radio"/>

**9. Did your father or mother (or anyone else living in your home) regularly smoke cigarettes when you were a child?**

☐ No  
☐ Yes

## SECTION 7: Use of Alcohol

1. During the past 12 months, have you had at least one drink containing alcohol?

☐ No      ☐ Yes

2. How old were you when you first had a drink containing alcohol?

- ☐ I have never had a drink of alcohol
- ☐ 13 years or younger
- ☐ 14 to 15 years old
- ☐ 16 to 17 years old
- ☐ 18 to 20 years old
- ☐ 21 years or older

3. How many years have you drunk alcoholic beverages on a regular basis?

- ☐ I have never drunk alcohol
- ☐ I just tried alcohol a few times
- ☐ 1 year or less
- ☐ 2 to 5 years
- ☐ 6 to 10 years
- ☐ 11 or more years

4. During the year (12 months) before entering the military, how often did you have a drink containing alcohol?

☐ Never      ☐ Weekly  
☐ Monthly      ☐ Daily

5. During the past year, how often did you have 6 or more drinks at one sitting?

☐ Never      ☐ Weekly  
☐ Monthly      ☐ Daily

6. During the past year, how many drinks containing alcohol did you have on a typical day of drinking?

*ONE DRINK equals:*

*1 bottle or can of beer, or  
1 glass of wine, or  
1 wine cooler, or  
1 shot of hard liquor*

☐ None, I do not drink      ☐ 5 or 6  
☐ 1 or 2      ☐ 7 to 9  
☐ 3 or 4      ☐ 10 or more

***The following questions refer to alcohol-related events during the past year.***

	<u>Yes, during the past year</u>	<u>Yes, but more than 1 year ago</u>	<u>Never</u>
7. Have you ever failed to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have you or someone else been physically injured because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Did you ever feel as though you needed to cut down on your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Did you ever feel annoyed because someone in your life said you needed to cut down on your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Did you ever feel guilty after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Did you ever need a first drink, or eyeopener, in the morning following a day or night of heavy drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Did you ever feel as though you could not stop drinking once you started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Have you ever driven a car after drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The following questions refer to the past YEAR (12 months)*

1. About how many hours did you sleep on most nights?

- ☐ 4 hours or less      ☐ 7 to 8 hours  
☐ 5 hours      ☐ 9 hours  
☐ 6 hours      ☐ 10 hours or more

2. Have you ever taken diet pills to lose weight?

- ☐ No    ☐ Yes

3. Have you ever used laxatives to lose weight?

- ☐ No    ☐ Yes

4. Have you ever caused yourself to vomit to lose weight?

- ☐ No    ☐ Yes

5. About how many hours did you watch TV (television) on an average day?

- ☐ None      ☐ 2 to 3 hours  
☐ 1 hour or less      ☐ 4 or more hours

6. During your last year of high school, how many sport teams or organized physical activity programs did you participate in?

- ☐ None  
☐ 1  
☐ 2  
☐ 3 or more

7. Have you ever used steroids to gain weight or increase muscle strength?

- ☐ No    ☐ Yes

8. What has happened to your weight?

- ☐ Lost more than 10 pounds because of dieting  
☐ Lost more than 10 pounds without dieting  
☐ Stayed about the same  
☐ Gained more than 10 pounds

9. On an average day, about how many cups, bottles, or cans of drink with caffeine did you drink -- like coffee, tea, or dark-colored cokes/soda/pop?

- ☐ None      ☐ 3  
☐ 1      ☐ 4 to 5  
☐ 2      ☐ 6 or more

10. About how many times each week did you eat from a fast food restaurant? (like hamburgers, tacos, or pizza)

- ☐ None  
☐ 1  
☐ 2 to 3  
☐ 4 to 7  
☐ 8 to 14  
☐ 15 or more times

11. About how often each week did you eat breakfast?

- ☐ Never  
☐ 1 or 2 mornings  
☐ 3 or 4 mornings  
☐ 5 to 7 mornings

## SECTION 9: General History

1. How many close friends or relatives do you have that you can call on for help or talk to about personal problems?

☐ None      ☐ 2      ☐ 5 or more  
☐ 1      ☐ 3 to 4

2. How often do you attend church, synagogue, or other religious gatherings?

☐ Almost never  
☐ About once or twice a year  
☐ About once a month  
☐ About once a week  
☐ More than once a week

3. Are your parents divorced?

☐ No  
☐ Yes, before I was 10 years old  
☐ Yes, after I was 10 years old  
☐ Don't know

4. During the year before entering the military, did you: (mark all that apply)

☐ Get married  
☐ Have a child  
☐ Get divorced  
☐ Get arrested by the police  
☐ Get fired from a job  
☐ Experience the death of someone close to you  
☐ None of these events happened to me

5. Do you sometimes get mad enough to hit, kick, or throw things?

☐ Never  
☐ About once a year  
☐ About once a month  
☐ About once a week  
☐ More than once a week

6. How old were you when you had sexual intercourse for the first time?

☐ I have never had sex before  
☐ 13 years or age or younger  
☐ 14 to 15 years old  
☐ 16 to 17 years old  
☐ 18 to 20 years old  
☐ 21 years old or older

7. How many traffic tickets for moving violations have you ever received? (like for speeding or running a red light)

☐ None      ☐ 2      ☐ 5 to 10  
☐ 1      ☐ 3 to 4      ☐ 11 or more

8. How often do you wear a seat belt when driving or riding in a car?

☐ Never    ☐ Sometimes    ☐ Usually    ☐ Always

9. Did you or your partner use a condom (rubber) the last time you had sex?

☐ No    ☐ Yes    ☐ I have not had sex

10. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD) --like chlamydia, gonorrhea, genital herpes, or syphilis?

☐ No    ☐ Yes    ☐ Don't know

# SECTION 9 - CHILDHOOD HISTORY

***The following are statements about you as a child before you were 17 years old:  
Please mark all that apply.***

- 11. You sometimes felt there was no one taking care of you. ☐
- 12. You sometimes felt you were physically mistreated. ☐
- 13. You trusted your family for help and support. ☐
- 14. You often felt unloved or unwanted. ☐
- 15. You ever saw your parents or guardians hit each other. ☐
- 16. You often felt mistreated emotionally. ☐
- 17. Any adult ever touched you sexually or tried to make you touch them sexually. ☐
- 18. None of the above ever happened to me ☐

***Did any of the following events EVER happen to you in your life:  
please mark all that apply***

- 19. You were in an accident where you could have been killed but were not badly hurt. ☐
- 20. You were in an accident where you were injured and had to spend at least one night in the hospital. ☐
- 21. You saw a close family member or friend being badly injured or killed. ☐
- 22. You saw a stranger being badly injured or killed. ☐
- 23. You were seriously attacked, beaten up, or assaulted. ☐
- 24. You were threatened with a knife, gun, club, or other weapon. ☐
- 25. You were raped (someone forced you to have sex when you did not want them to) ☐
- 26. None of the above ever happened to me ☐

***The following questions are about activities you might have done during a typical day before entering the military. Did your health limit you in these activities?***

	YES Limited a Lot	YES Limited a Little	NO Not Limited at all
27. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION 9: General History, continued

*These questions are about how you felt and how things were with you during the past year. Please indicate the one answer that comes closest to the way you felt.*

### HOW MUCH TIME:

All of  
the time    Most of  
the time    Some of  
the time    A little of  
the time    None of  
the time

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 32. Did you feel calm and peaceful?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Did you feel downhearted and blue?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. Has your physical health or emotional problems<br>interfered with your social activities (like<br>visiting with friends, relatives, etc)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. Have you been a very nervous person?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. Have you felt so down in the dumps nothing<br>could cheer you up?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. Did you have a lot of energy or pep?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Did you feel tired or worn out?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. Did you have difficulty reasoning and solving<br>problems, like making plans, decisions, or<br>learning new things?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. Did you forget things that happened recently,<br>like where you put things and when you had<br>appointments?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Did you have trouble keeping your attention on<br>any activity for long?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. Did you have difficulty doing activities<br>involving concentration and thinking?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

43. In general, would you say your health is:

- |                                 |                            |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good      |                            |

44. In general, did your health change during the past year (12 months) before entering the military:

- ☐ No, my health stayed about the same  
☐ Yes, my health got somewhat worse  
☐ Yes, my health got somewhat better

45. During the year before entering the military, how much did bodily pain interfere with your normal work (including work, both outside the home and housework)?

- |                                  |                                   |                                 |
|----------------------------------|-----------------------------------|---------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> Moderately  | <input type="radio"/> Extremely |
| <input type="radio"/> A little   | <input type="radio"/> Quite a lot |                                 |

46. During the year prior to entering the military, did you have any of the following problems as a result of your PHYSICAL health:

- |   |                          |                           |
|---|--------------------------|---------------------------|
| a. Accomplished less than you would like                      | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Were limited in any kind of work or other daily activities | <input type="radio"/> No | <input type="radio"/> Yes |

47. During the year prior to entering the military, did you have any of the following problems as a result of any EMOTIONAL problems (such as feeling depressed or anxious):

- |   |                          |                           |
|---|--------------------------|---------------------------|
| a. Accomplished less than you would like                    | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Didn't do work or other activities as carefully as usual | <input type="radio"/> No | <input type="radio"/> Yes |



**Appendix B.**

**ORIGINAL RAP QUESTIONNAIRE**

See attached Document.

# Recruit Assessment Program

Please provide the information as accurately as possible.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Example of numbers

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Shade circles and boxes like this



Not like this



N	M	R	C	-	0	6	0	1	0	0
---	---	---	---	---	---	---	---	---	---	---



Draft





**Last Name**

[illegible]**First Name**[illegible]

Initial

### Street Address

[illegible]

City

[illegible]

## State

--	--

**Zip Code**

--	--	--	--	--

AL	Alabama	IA	Iowa	NH	New Hampshire	TX	Texas
AK	Alaska	KS	Kansas	NJ	New Jersey	UT	Utah
AZ	Arizona	KY	Kentucky	NM	New Mexico	VT	Vermont
AR	Arkansas	LA	Louisiana	NY	New York	VA	Virginia
CA	California	ME	Maine	NC	North Carolina	WA	Washington
CO	Colorado	MD	Maryland	ND	North Dakota	WV	West Virginia
CT	Connecticut	MA	Massachusetts	OH	Ohio	WI	Wisconsin
DE	Delaware	MI	Michigan	OK	Oklahoma	WY	Wyoming
FL	Florida	MN	Minnesota	OR	Oregon	AS	American Samoa
GA	Georgia	MS	Mississippi	PA	Pennsylvania	DC	District of Columbia
HI	Hawaii	MO	Missouri	RI	Rhode Island	GU	Guam
ID	Idaho	MT	Montana	SC	South Carolina	TT	Marshall Islands
IL	Illinois	NE	Nebraska	SD	South Dakota	PR	Puerto Rico
IN	Indiana	NV	Nevada	TN	Tennessee	VI	U.S. Virgin Islands

**Please write in your  
Social Security Number  
and fill in the corresponding  
circles:**

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please sign here**

--

## What is today's date?

--	--

 / 

--	--

 / 

--	--	--	--

Month

Day

Year



**1. What date did you begin military training?**

		/			/				
Month			Day			Year			

**2. Which one of the following are you joining?**

- ☐ Active duty ARMY
- ☐ Active duty NAVY
- ☐ Active duty AIR FORCE
- ☐ Active duty MARINE CORPS

- 
- ☐ Army National Guard
  - ☐ Air National Guard
  - ☐ Coast Guard
  - ☐ Air Force Academy
  - ☐ Naval Academy
  - ☐ West Point

- 
- ☐ Reserve ARMY
  - ☐ Reserve NAVY
  - ☐ Reserve AIR FORCE
  - ☐ Reserve MARINE CORPS

**3. What will be your rank after completion of initial training?**

- ☐ Enlisted
- ☐ Warrant Officer
- ☐ Officer

**4. Have you ever served in the U.S. military before now?**

- ☐ No
- ☐ Yes

-- if yes, from

					to					
Year						Year				

**5. Did your *father* serve in the U.S. military?**

- ☐ No
- ☐ Yes
- ☐ Don't know

**6. Did your *mother* serve in the U.S. military?**

- ☐ No
- ☐ Yes
- ☐ Don't know

**7. Why did you join the military?**  
**(mark all that apply)**

- ☐ For education and new job skills
- ☐ For travel or adventure
- ☐ For a job to earn money
- ☐ To please family or friends
- ☐ To leave problems at home
- ☐ Because someone in my family was in the military
- ☐ For a 20-year career in the military
- ☐ To serve my country
- ☐ Nothing else to do
- ☐ Other reasons

**8. Just before entering the military, were you mainly (mark all that apply):**

- ☐ A student
- ☐ Working for wages or salary
- ☐ Unable to find a job for less than 1 year
- ☐ Unable to find a job for more than 1 year
- ☐ Self-employed
- ☐ A homemaker
- ☐ Retired
- ☐ Unable to work due to health problems
- ☐ Not working by choice



**1. What is your sex?**

- ☐ Male      ☐ Female

**2. What is your date of birth?**

		/			/				
Month			Day			Year			

**3. What is your age in years?**

--	--

**4. What best describes your racial/ethnic background?**

- ☐ Native American, American Indian,  
or Alaskan Native
- ☐ Asian/Oriental
- ☐ Pacific Islander/Filipino
- ☐ Black (African-American)
- ☐ Hispanic, Latino, or Spanish descent
- ☐ White (Caucasian)
- ☐ Other

**5. Where were you born?**

- ☐ United States

-- if born in the US, write in which state

--	--

(See previous Address Page for a  
list of state abbreviations)

- |   |                                       |
|---|---------------------------------------|
| <input type="radio"/> Canada                | <input type="radio"/> Europe          |
| <input type="radio"/> Mexico                | <input type="radio"/> Asia            |
| <input type="radio"/> Central/South America | <input type="radio"/> Africa          |
| <input type="radio"/> Caribbean             | <input type="radio"/> Pacific Islands |
| <input type="radio"/> United Kingdom        | <input type="radio"/> Other           |
| <input type="radio"/> Republic of Ireland   |                                       |

**6. How far did you go in school?**

- ☐ Some high school but no diploma
- ☐ Obtained GED (General Education Diploma)
- ☐ Graduated from high school
- ☐ Some college
- ☐ Graduated from trade or technical school
- ☐ Graduated from 4-year college or university
- ☐ Completed Masters or higher graduate degree

**7. What is your current marital status?**

- ☐ Single, never married
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

**8. Where did you live most of the time as a child?**

- ☐ On a farm, ranch, or in the country
- ☐ In a small town with less than 10,000 people
- ☐ In small city with about 10,000 to 100,000 people
- ☐ In large city or suburb with over 100,000 people
- ☐ Moved around a lot to different cities
- ☐ Not sure

**9. During the past year about how much money was earned by your entire family living in your home?**

- ☐ Less than \$20,000 dollars
- ☐ \$20,000 to \$50,000 dollars
- ☐ \$50,000 to \$100,000 dollars
- ☐ More than \$100,000 dollars
- ☐ Don't know



1. How tall are you without shoes ?

	--		
feet		inches	

2. How much do you weigh without shoes?

pounds		

3. Are you *mainly* right or left handed?

☐ Right      ☐ Left

4. How many different prescription drugs provided by a doctor are you *currently* taking each week? (Do not count birth control pills.)

☐ None      ☐ 3  
☐ 1      ☐ 4  
☐ 2      ☐ 5 or more

5. About how often do you take over-the-counter drugs (no prescription needed) -- like aspirin, laxatives, and allergy pills, but not vitamins?

☐ Never or hardly ever      ☐ Several times a week  
☐ About once a month      ☐ Nearly every day  
☐ About once a week

6. How many separate times during your life have you been hospitalized overnight or longer?

☐ None      ☐ 3 to 4  
☐ 1      ☐ 5 to 10  
☐ 2      ☐ 11 or more times

7. In the past year, how many days did you stay in bed because of illness or injury?

☐ None      ☐ 5 to 6  
☐ 1 to 2      ☐ 7 to 14  
☐ 3 to 4      ☐ 15 or more days

8. In the past year, how many doctor, clinic, or emergency room visits did you make because you were sick?

(Do not count routine visits for vaccinations and physical exams)

☐ None      ☐ 2      ☐ 5 to 10  
☐ 1      ☐ 3 to 4      ☐ 11 or more visits

9. Which of the following health care providers evaluated or treated you in the last 5 years: (mark all that apply)

☐ A general, family, or other medical doctor  
☐ A mental health professional (like psychiatrist, psychologist, or psychiatric nurse)  
  
☐ A dentist  
☐ A surgeon  
  
☐ An optometrist (eye doctor)  
☐ A specialist in women's health (like a gynecologist)  
  
☐ A specialist or counselor in alcohol drinking problems  
  
☐ An alternative health practitioner (like acupuncturist, herbalist, homeopath, etc.)





**10. Have you ever been unable to hold a job or stay in school because of:**

	<u>No</u>	<u>Yes</u>	<u>Don't know</u>
-- sensitivity to chemicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- sensitivity to odors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Have you ever:**

	<u>No</u>	<u>Yes</u>
-- been treated for a mental or psychiatric condition	<input type="radio"/>	<input type="radio"/>
-- received or applied for pension or compensation for disability	<input type="radio"/>	<input type="radio"/>
-- had or been advised to have any operation or surgery	<input type="radio"/>	<input type="radio"/>

**12. Have you ever received a blood transfusion because you were ill? (Do not count donating your blood to be given to someone else)**

☐ No

☐ Yes if YES, what was the date of your first transfusion?

--	--	--	--

Year



**Have you had trouble with the following  
ANYTIME during your life? (revised SF-93)**

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1. A chronic cough or cough at night        | <input type="radio"/> YES | <input type="radio"/> NO |
| 2. Asthma                                   | <input type="radio"/> YES | <input type="radio"/> NO |
| 3. Shortness of breath                      | <input type="radio"/> YES | <input type="radio"/> NO |
| 4. Chronic or frequent colds                | <input type="radio"/> YES | <input type="radio"/> NO |
| 5. Hay fever                                | <input type="radio"/> YES | <input type="radio"/> NO |
| 6. Arthritis, rheumatism, or bursitis       | <input type="radio"/> YES | <input type="radio"/> NO |
| 7. Swollen, stiff, or painful joints        | <input type="radio"/> YES | <input type="radio"/> NO |
| 8. Foot trouble (like pain, corns, bunions) | <input type="radio"/> YES | <input type="radio"/> NO |
| 9. Knee trouble (locking or giving out)     | <input type="radio"/> YES | <input type="radio"/> NO |
| 10. Scoliosis or curvature of the spine     | <input type="radio"/> YES | <input type="radio"/> NO |
| 11. Dizziness, fainting, lightheadedness    | <input type="radio"/> YES | <input type="radio"/> NO |
| 12. Frequent or severe headaches            | <input type="radio"/> YES | <input type="radio"/> NO |
| 13. Difficulty remembering or concentrating | <input type="radio"/> YES | <input type="radio"/> NO |
| 14. Skin disease, rashes or dermatitis      | <input type="radio"/> YES | <input type="radio"/> NO |
| 15. Feeling your heart pound or race        | <input type="radio"/> YES | <input type="radio"/> NO |
| 16. Pain or pressure in the chest           | <input type="radio"/> YES | <input type="radio"/> NO |
| 17. Recurrent back pain                     | <input type="radio"/> YES | <input type="radio"/> NO |
| 18. Car, train, sea, or air sickness        | <input type="radio"/> YES | <input type="radio"/> NO |

**19. Are you allergic or have bad reactions to:  
(mark all that apply)**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="radio"/> bee stings | <input type="radio"/> sulfa drugs    |
| <input type="radio"/> shell fish | <input type="radio"/> iodine         |
| <input type="radio"/> milk       | <input type="radio"/> aspirin        |
| <input type="radio"/> eggs       | <input type="radio"/> any other drug |
| <input type="radio"/> penicillin | <input type="radio"/> don't know     |

☐ I'm not allergic to any of these things

**20. Have you experienced any of the following  
during the past year: (mark all that apply)**

- |  |
|--|
| <input type="radio"/> Sleepwalking   |
| <input type="radio"/> Bed wetting  |
| <input type="radio"/> Trouble stuttering or stammering                       |
| <input type="radio"/> Braces on your teeth                                   |
| <input type="radio"/> Trouble falling asleep at night                        |
| <input type="radio"/> Trouble waking up too early in the morning             |
| <br>   |
| <input type="radio"/> Acne or skin problems that makes it difficult to shave |
| <input type="radio"/> Frequent indigestion                                   |
| <input type="radio"/> Stomach pain   |
| <input type="radio"/> Constipation   |
| <input type="radio"/> Loose bowels or diarrhea                               |
| <input type="radio"/> Muscle aches or soreness                               |
| <br>   |
| <input type="radio"/> Pain or problems during sexual intercourse             |
| <input type="radio"/> The thought that you have a serious disease            |
| <input type="radio"/> Little interest or pleasure in doing things            |
| <input type="radio"/> Worrying about a lot of different things               |
| <br>   |
| <input type="radio"/> I have not had any of these problems in the last year  |

**21. Do you seem to get sick a little easier  
than other people?**

- |                                  |
|----------------------------------|
| <input type="radio"/> No         |
| <input type="radio"/> Yes        |
| <input type="radio"/> Don't know |



# SECTION 6: Family History

## 1. Were you mostly raised by:

- ☐ Two parents      ☐ Other relatives  
☐ One parent      ☐ Foster parents or guardians  
☐ Grandparent or grandparents      ☐ In group home or institution  
☐ Other

## 2. Were you adopted as a child?

- ☐ No      ☐ Yes      ☐ Don't know

## 3. How many brothers and sisters (including step-brothers/sisters) were raised in the same home with you?

--	--

## 4. How far did your *father* go in school?

- ☐ Did not complete high school  
☐ Completed high school or got a GED  
☐ Some college  
☐ 4-year college or university degree  
☐ Masters or higher degree  
☐ Don't know

## 5. How far did your *mother* go in school?

- ☐ Did not complete high school  
☐ Completed high school or got a GED  
☐ Some college  
☐ 4-year college or university degree  
☐ Masters or higher degree  
☐ Don't know

## 6. Is your mother alive?

- ☐ Yes  
☐ No, she died before I was 10 years old  
☐ No, she died after I was 10 years old  
☐ Don't know

## 7. Is your father alive?

- ☐ Yes  
☐ No, he died before I was 10 years old  
☐ No, he died after I was 10 years old  
☐ Don't know

## 8. Has one of your *grandparents, aunts, or sisters* ever had breast cancer?

No      Yes      Don't know

☐      ☐      ☐

## 9. Has one of your *grandmothers* ever broken a hip?

☐      ☐      ☐

## 10. Has your *mother* ever:

No      Yes      Don't know

-- had breast cancer      ☐      ☐      ☐

-- high blood pressure      ☐      ☐      ☐

-- had a heart attack      ☐      ☐      ☐

-- had a stroke      ☐      ☐      ☐

-- had colon or intestine cancer      ☐      ☐      ☐

-- had lung cancer      ☐      ☐      ☐

-- had diabetes (or sugar diabetes)      ☐      ☐      ☐

-- been hospitalized for a mental or emotional reason      ☐      ☐      ☐

-- had a problem with alcohol drinking      ☐      ☐      ☐

## 11. Has your *father* ever:

No      Yes      Don't know

-- had prostate cancer      ☐      ☐      ☐

-- high blood pressure      ☐      ☐      ☐

-- had a heart attack      ☐      ☐      ☐

-- had a stroke      ☐      ☐      ☐

-- had colon or intestine cancer      ☐      ☐      ☐

-- had lung cancer      ☐      ☐      ☐

-- had diabetes (or sugar diabetes)      ☐      ☐      ☐

-- been hospitalized for a mental or emotional reason      ☐      ☐      ☐

-- had a problem with alcohol drinking      ☐      ☐      ☐



1. Have you smoked more than 100 cigarettes (5 packs) in your entire life?

☐ No ☐ Yes

2. Have you ever tried to quit smoking cigarettes?

☐ I have never smoked  
☐ Yes, but I could not quit  
☐ Yes, and I never smoked again  
☐ I smoke but have not tried to stop

3. In the year *before* entering the military, did you smoke cigarettes?

☐ Every day  
☐ Some days  
☐ Not at all

4. At what age did you first start smoking regularly -- that is you smoked most days?

☐ I have never smoked regularly  
☐ 13 years of age or younger  
☐ 14 to 15 years old  
☐ 16 to 17 years old  
☐ 18 to 20 years old  
☐ 21 years old or older

5. How many years did you smoke more than 3 cigarettes on most days?

☐ I have never smoked regularly  
☐ 1 year or less  
☐ 2 to 5 years  
☐ 6 to 10 years  
☐ 11 or more years

6. When you were smoking regularly, about how many packs did you smoke each day?

☐ I have never smoked regularly  
☐ About 1/2 pack or less per day  
☐ About 1 pack a day  
☐ Between 1 and 2 packs  
☐ About 3 or more packs

7. When did you last smoke a cigarette?

☐ I have never smoked  
☐ More than 1 year ago  
☐ Between 1 month and 1 year ago  
☐ About 1 week to 1 month ago  
☐ Within the last few days

8. Did you use any of the following 3 or more times during the past year:

	<u>No</u>	<u>Yes</u>
-- a pipe	<input type="radio"/>	<input type="radio"/>
-- cigar	<input type="radio"/>	<input type="radio"/>
-- smokeless tobacco (dip or snuff)	<input type="radio"/>	<input type="radio"/>
-- chewing tobacco	<input type="radio"/>	<input type="radio"/>

9. Did your father or mother (or anyone else living in your home) regularly smoke cigarettes when you were a child?

☐ No  
☐ Yes



**SECTION 8: Use of Alcohol****ONE DRINK equals:**

*1 bottle or can of beer, or  
1 glass of wine, or  
1 bottle or can of wine cooler, or  
1 shot of hard liquor*

**1. During the past 12 months, have you had at least one drink containing alcohol?**

☐ No ☐ Yes

**2. How old were you when you first had a drink containing alcohol?**

- ☐ I have never had a drink of alcohol  
☐ 13 years or younger  
☐ 14 to 15 years old  
☐ 16 to 17 years old  
☐ 18 to 20 years old  
☐ 21 years or older

**3. How many years have you drunk alcoholic beverages on a regular basis?**

- ☐ I have never drunk alcohol  
☐ I just tried alcohol a few times  
☐ 1 year or less  
☐ 2 to 5 years  
☐ 6 to 10 years  
☐ 11 or more years

**4. Has anyone been concerned about your drinking or suggested that you should cut down?**

- ☐ No  
☐ Yes, during the past year (12 months)  
☐ Yes, more than a year ago

**5. Have you or has someone else been physically injured because of your drinking?**

- ☐ No  
☐ Yes, during the past year (12 months)  
☐ Yes, more than a year ago

**6. During the year (12 months) before entering the military, how often did you have a drink containing alcohol?**

- ☐ Never  
☐ About once a month or less  
☐ 2 to 4 times a month  
☐ 2 to 3 times a week  
☐ 4 or more times a week

**7. During the year before entering the military, how many drinks containing alcohol did you have on a typical day of drinking?**

- ☐ None, I do not drink ☐ 5 or 6  
☐ 1 or 2 ☐ 7 to 9  
☐ 3 or 4 ☐ 10 or more

***The following questions refer to alcohol-related events during the past year.***

**How often:**

	<u>Never</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Daily or Almost Daily</u>
8. Did you have 6 or more drinks at one sitting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Were you unable to stop drinking once you had started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Did you fail to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Did you need a first drink in the morning to get yourself going after heavy drinking the day or night before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Did you feel guilty after drinking or thought you should cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



1. During your last year of high school, did you work full or part-time after school or in the summer?

☐ No ☐ Yes

2. Please mark if you ever had a job that lasted more than one month where you were around any of the following materials on most days:

	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>
-- dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- loud noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- fumes from gasoline, diesel, or kerosene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- fumes from paint, paint thinner, or varnishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- fumes from solvents or degreasers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- insecticides or pesticides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- herbicides (weed killers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- ionizing radiation, like x-rays or radioactive material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- welding material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- smoke from burning things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- lead (like inside car batteries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- radar equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you have any health problems you feel were caused by a previous job?

☐ No ☐ Yes

4. Have you ever been injured in a job that caused you:

	<u>No</u>	<u>Yes</u>
-- to be treated in a medical clinic by a doctor or nurse	<input type="radio"/>	<input type="radio"/>
-- to be hospitalized overnight or longer	<input type="radio"/>	<input type="radio"/>
-- to miss more than one day of work	<input type="radio"/>	<input type="radio"/>

1. Do you consider yourself:

☐ Overweight  
☐ Underweight  
☐ About the right weight  
☐ Not sure

2. Have you ever taken diet pills to lose weight?

☐ No ☐ Yes

3. Have you ever used laxatives to lose weight?

☐ No ☐ Yes

4. Have you ever caused yourself to vomit to lose weight?

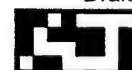
☐ No ☐ Yes

5. Have you ever used drugs to gain weight or increase muscle strength -- like steroids or amino acids?

☐ No ☐ Yes

6. During your last year of high school, how many sport teams or organized physical activity programs did you participate in?

☐ None  
☐ 1  
☐ 2  
☐ 3 or more



*The following questions refer to the past **YEAR** (12 months)*

**7. What has happened to your weight:**

- ☐ Stayed about the same
- ☐ Gained more than 10 pounds of weight
- ☐ Lost more than 10 pounds because of dieting
- ☐ Lost more than 10 pounds without dieting

**8. Did you diet to lose weight?**

- ☐ No
- ☐ Yes

**9. Did you take vitamins to stay healthy?**

- ☐ No
- ☐ Yes

**10. About how many times each week did you eat from a fast food restaurant? (like hamburgers, tacos, or pizza)**

- ☐ None
- ☐ 1
- ☐ 2 to 3
- ☐ 4 to 7
- ☐ 8 to 14
- ☐ 15 or more times

**11. About how often each week do you eat breakfast?**

- ☐ Never
- ☐ 1 or 2 mornings
- ☐ 3 or 4 mornings
- ☐ 5 to 7 mornings

**12. On an average day, about how many cups, bottles, or cans of drink with caffeine did you drink -- like coffee, tea, or dark-colored cokes/soda/pop?**

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 to 5
- ☐ 6 or more

**13. About how many hours did you watch TV (television) on an average day?**

- ☐ None
- ☐ 1 hour or less
- ☐ 2 to 3 hours
- ☐ 4 or more hours

**14. About how many hours did you sleep on most nights?**

- ☐ 4 hours or less
- ☐ 5 hours
- ☐ 6 hours
- ☐ 7 to 8 hours
- ☐ 9 hours
- ☐ 10 hours or more

**15. In the year before entering the military, about how many times each week did you do any of these kinds of exercises for at least 20 minutes:**

	<u>None</u>	<u>1</u>	<u>2</u>	<u>3 to 4</u>	<u>5 or more</u>
-- running/jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- bicycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- hiking outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-- other vigorous exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



1. How many traffic tickets for moving violations have you ever received? (like for speeding, running a red light or stop sign)

- ☐ None      ☐ 2      ☐ 5 to 10  
☐ 1      ☐ 3 to 4      ☐ 11 or more

2. How many car wrecks have you had when you were the driver?

- ☐ None      ☐ 3 to 4  
☐ 1      ☐ 5 to 10  
☐ 2      ☐ 11 or more

3. How often do you wear a seat belt when driving or riding in a car?

- ☐ Never    ☐ Sometimes    ☐ Usually    ☐ Always

4. During the prior month, how many times did you drive a car after drinking alcohol?

- ☐ Never      ☐ 3 to 5      ☐ 6 or more  
☐ 1      ☐ 2

5. How old were you when you had sexual intercourse for the first time?

- ☐ I have never had sex before  
☐ 13 years or age or younger  
☐ 14 to 15 years old  
☐ 16 to 17 years old  
☐ 18 to 20 years old  
☐ 21 years old or older

6. Did you or your partner use a condom (rubber) the last time you had sex?

- ☐ No    ☐ Yes    ☐ I have not had sex

7. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD) -- like gonorrhea, the clap, the drip, genital herpes, syphilis?

- ☐ No    ☐ Yes    ☐ Don't know

8. How many close friends or relatives do you have that you can call on for help or talk to about personal problems?

- ☐ None      ☐ 2      ☐ 5 or more  
☐ 1      ☐ 3 to 4

9. How often do you attend church, synagogue, mosque or other religious gatherings?

- ☐ Almost never  
☐ About once or twice a year  
☐ About once a month  
☐ About once a week  
☐ More than once a week

10. Are your parents divorced?

- ☐ No  
☐ Yes, before I was 10 years old  
☐ Yes, after I was 10 years old  
☐ Don't know

11. During the year before entering the military, did you: (mark all that apply)

- ☐ get married  
☐ have a child  
☐ get divorced  
☐ get arrested by the police  
☐ get fired from a job  
☐ experience the death of someone close to you  
☐ None of these events happened to me

12. Do you sometimes get mad enough to hit, kick, or throw things?

- ☐ Never  
☐ About once a year  
☐ About once a month  
☐ About once a week  
☐ More than once a week





13. In general, would you say your health is:

- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

14. In general, did your health change during the past year (12 months) before entering the military:

- ☐ No, my health stayed about the same  
☐ Yes, my health got somewhat worse  
☐ Yes, my health got somewhat better

15. During the year before entering the military, how much did bodily pain interfere with your normal work (including work, both outside the home and housework)?

- ☐ Not at all      ☐ Moderately      ☐ Extremely  
☐ A little      ☐ Quite a lot

16. During the year prior to entering the military, did you have any of the following problems as a result of your PHYSICAL health:

- a. Accomplished less than you would like      ☐ No      ☐ Yes  
b. Were limited in any kind of work or other daily activities      ☐ No      ☐ Yes

17. During the year prior to entering the military, did you have any of the following problems as a result of any EMOTIONAL problems (such as feeling depressed or anxious):

- a. Accomplished less than you would like      ☐ No      ☐ Yes  
b. Didn't do work or other activities as carefully as usual      ☐ No      ☐ Yes

*The following are questions about you as a child before you were 17 years old:*

	<u>No</u>	<u>Yes</u>	<u>Don't know</u>
18. Did you sometimes feel there was no one taking care of you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Did your parents or guardians ever hit you so hard it caused a bruise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Did you sometimes feel you were physically mistreated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Did you trust your family for help and support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Did you often feel unloved or unwanted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Did you trust your family for help and support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Did you ever see your parents or guardians hit each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Did you often feel mistreated emotionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Did any adult ever touch you sexually or try to make you touch them sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



*These questions are about how you felt and how things were with you during the past year. Please indicate the one answer that comes closest to the way you felt.*

**HOW MUCH TIME:**

	<u>All of the time</u>	<u>Most of the time</u>	<u>Some of the time</u>	<u>A little of the time</u>	<u>None of the time</u>
27. Did you feel calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Did you feel downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Have you felt so down in the dumps nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Did you have a lot of energy or pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Did you feel tired or worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Did you have difficulty reasoning and solving problems, like making plans, decisions, or learning new things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Did you forget things that happened recently, like where you put things and when you had appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Did you have trouble keeping your attention on any activity for long?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Did you have difficulty doing activities involving concentration and thinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



*The following questions are about activities you might have done during a typical day before entering the military. Did your health limit you in these activities?*

	YES Limited <u>a Lot</u>	YES Limited <u>a Little</u>	NO Not Limited <u>at all</u>
38. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Did any of the following events EVER happen to you:*

	<u>No</u>	<u>Yes</u>
43. You were in an accident where you could have been killed but were not badly hurt.	<input type="radio"/>	<input type="radio"/>
44. You were in an accident where you were injured and had to spend at least one night in the hospital.	<input type="radio"/>	<input type="radio"/>
45. You were involved in a dangerous fire, flood, earthquake, hurricane or other natural disaster.	<input type="radio"/>	<input type="radio"/>
46. You saw a close family member or friend being badly injured or killed.	<input type="radio"/>	<input type="radio"/>
47. You saw a stranger being badly injured or killed.	<input type="radio"/>	<input type="radio"/>
48. You were seriously attacked, beaten up, or assaulted.	<input type="radio"/>	<input type="radio"/>
49. You were threatened with a knife, gun, club, or other weapon.	<input type="radio"/>	<input type="radio"/>
50. You were sexually molested -- someone touched or felt your genitals (private parts) when you did not want them to	<input type="radio"/>	<input type="radio"/>
51. You were raped (someone forced you to have sex when you did not want them to)	<input type="radio"/>	<input type="radio"/>
52. You had some other terrible experience that caused you to fear you would be seriously injured or killed.	<input type="radio"/>	<input type="radio"/>



The following questions are to be answered by WOMEN

1. At what age did you start having menstrual periods (cycles)?

- ☐ 10 years old or younger
- ☐ 11 to 12 years old
- ☐ 13 to 14 years old
- ☐ 15 to 16 years old
- ☐ 17 to 18 years old
- ☐ 19 to 20 years old
- ☐ 21 years old or older

2. Do you have regular periods after about the same number of weeks each time?

- ☐ No
- ☐ Yes

3. About how many weeks go by between your periods?

- ☐ 1 to 2
- ☐ 3
- ☐ 4
- ☐ 5 to 6
- ☐ 7 or more

4. Have your periods ever stopped for 6 months or longer without you being pregnant?

- ☐ No
- ☐ Yes

5. About how many days do your periods usually last?

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 to 5 days
- ☐ 6 to 7 days
- ☐ 8 or more days

6. Do you frequently have severe pain before or with your menstrual periods that prevent you from going to school or work?

- ☐ No
- ☐ Yes

7. Have you ever had an abnormal pap test or pap smear?

- ☐ No
- ☐ Yes
- ☐ Don't know

8. When was the last time you had a pelvic (gynecologic) examination by a doctor or nurse?

- ☐ I have never had a pelvic exam
- ☐ Within the past year (12 months)
- ☐ More than a year ago
- ☐ Don't remember

9. When was the last time you had a breast examination by a nurse or doctor?

- ☐ I have never had a breast exam
- ☐ Within the past year (12 months)
- ☐ More than a year ago
- ☐ Don't remember

10. Have you ever taken birth control pills?

- ☐ No, never
- ☐ Yes, for less than 1 year
- ☐ Yes, for 1 to 2 years
- ☐ Yes, for 3 to 5 years
- ☐ Yes, for 6 or more years

11. What kind or contraception (pregnancy prevention) did you use with sexual intercourse during the last year? (mark all that apply)

- ☐ None
- ☐ Spermicide gel, foam, or cream
- ☐ Sponge
- ☐ Birth control pills
- ☐ Norplant
- ☐ Depo-Provera
- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Diaphragm or cervical cap
- ☐ Condom (rubber)
- ☐ IUD
- ☐ Other methods
- ☐ Abstinence -- I don't have sexual intercourse



The following questions refer to previous pregnancies:

	<u>None</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5 or more</u>
12. How many times have you been pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How many pregnancies resulted in the birth of a healthy child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How many pregnancies resulted in the birth of a child with a serious birth defect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How many pregnancies lasted less than 6 months and resulted in a miscarriage or spontaneous abortion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How many pregnancies lasted more than 6 months and resulted in a miscarriage or still birth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How many tubal or ectopic pregnancies have you had?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



---

**Appendix C. RAP QUESTIONS DELETED**

---

**Original Question****Reason for Deletion**

---

**INDUCTION INFORMATION**

What will be your rank after completion of initial training? <ul style="list-style-type: none"><li>◦ Enlisted</li><li>◦ Warrant Officer</li><li>◦ Officer</li></ul>	Enlisted rank set as default setting at MCRD SD.
---	--

Just before entering the military, were you mainly (mark all that apply): <ul style="list-style-type: none"><li>◦ A student</li><li>◦ Working for wages or salary</li><li>◦ Unable to find a job for less than 1 year</li><li>◦ Unable to find a job for more than 1 year</li><li>◦ Self-employed</li><li>◦ A homemaker</li><li>◦ Retired</li><li>◦ Unable to work due to health problems</li><li>◦ Not working by choice</li></ul>	Not standardized question, time-consuming, confusing.
---	---

**GENERAL INFORMATION**

What is your sex? <ul style="list-style-type: none"><li>◦ Male</li><li>◦ Female</li></ul>	Male sex set as default setting at MCRD SD.
---	---

What is your age in years?	Repetitive question (see CHCS Registration Section in Current RAP Questionnaire in Appendix B).
----------------------------	---

What is your current marital status? <ul style="list-style-type: none"><li>◦ Single, never married</li><li>◦ Married</li><li>◦ Divorced</li><li>◦ Separated</li><li>◦ Widowed</li></ul>	Repetitive question (see Section 9, question 4 in Current RAP Questionnaire in Appendix B).
---	---

During the past year about how much money was currently earned by your entire family living in your home? <ul style="list-style-type: none"><li>◦ Less than \$20,000 dollars</li><li>◦ \$20,000 to \$50,000 dollars</li><li>◦ \$50,000 to \$100,000 dollars</li><li>◦ Greater than \$100,000 dollars</li><li>◦ Don't know</li></ul>	Difficult for recruits to answer.
---	-----------------------------------

---

## Appendix C (continued). RAP QUESTIONS DELETED

Original Question	Reason for Deletion												
<b>CLINICAL HISTORY</b>													
About how often do you take over-the-counter drugs (no prescription needed) – like aspirin, laxatives, and allergy pills, but not vitamins? <ul style="list-style-type: none"><li>◦ Never or hardly ever</li><li>◦ About once a month</li><li>◦ About once a week</li><li>◦ Several times a week</li><li>◦ Nearly every day</li></ul>	Not standardized question, time-consuming.												
In the <u>past year</u> , how many days did you stay in bed because of illness or injury? <ul style="list-style-type: none"><li>◦ None</li><li>◦ 1 to 2</li><li>◦ 3 to 4</li><li>◦ 5 to 6</li><li>◦ 7 to 14</li><li>◦ 15 or more days</li></ul>	Not standardized question, time-consuming.												
In the past year, how many doctor, clinic, or emergency room visits did you make because you were sick? ( <i>Do not count routine visits for vaccinations and physical exams</i> ) <ul style="list-style-type: none"><li>◦ None</li><li>◦ 1</li><li>◦ 2</li><li>◦ 3 to 4</li><li>◦ 5 to 10</li><li>◦ 11 or more visits</li></ul>	Not standardized question, time-consuming.												
Have you ever been unable to hold a job or stay in school because of: <table><tr><td></td><td><u>No</u></td><td><u>Yes</u></td><td><u>Don't know</u></td></tr><tr><td>-- sensitivity to chemicals</td><td>◦</td><td>◦</td><td>◦</td></tr><tr><td>-- sensitivity to odors</td><td>◦</td><td>◦</td><td>◦</td></tr></table>		<u>No</u>	<u>Yes</u>	<u>Don't know</u>	-- sensitivity to chemicals	◦	◦	◦	-- sensitivity to odors	◦	◦	◦	Routinely left blank or answered as "No" by recruits in pilot testing:  -- 98 of 100 answered No/left blank -- 100 of 100 answered No/left blank
	<u>No</u>	<u>Yes</u>	<u>Don't know</u>										
-- sensitivity to chemicals	◦	◦	◦										
-- sensitivity to odors	◦	◦	◦										
Have you ever: <table><tr><td></td><td><u>No</u></td><td><u>Yes</u></td></tr><tr><td>-- been treated for mental or psychiatric condition</td><td>◦</td><td>◦</td></tr><tr><td>-- received or applied for pension or compensation for disability</td><td>◦</td><td>◦</td></tr><tr><td>-- had or been advised to have any operation or surgery</td><td>◦</td><td>◦</td></tr></table>		<u>No</u>	<u>Yes</u>	-- been treated for mental or psychiatric condition	◦	◦	-- received or applied for pension or compensation for disability	◦	◦	-- had or been advised to have any operation or surgery	◦	◦	Routinely left blank or answered as "No" by recruits in pilot testing: -- 98 of 100 answered No/left blank  -- 100 of 100 answered No/left blank  -- 92 of 100 answered No/left blank
	<u>No</u>	<u>Yes</u>											
-- been treated for mental or psychiatric condition	◦	◦											
-- received or applied for pension or compensation for disability	◦	◦											
-- had or been advised to have any operation or surgery	◦	◦											
Have you ever received a blood transfusion because you were ill? ( <i>Do not count donating your blood to someone else</i> ) <ul style="list-style-type: none"><li>◦ No</li><li>◦ Yes if YES, what was the date of your first transfusion?</li></ul>	Routinely left blank or answered as "No" by recruits in pilot testing: 99 of 100 answered No/left blank												

## Appendix C (continued). RAP QUESTIONS DELETED

Original Question	Reason for Deletion
<b>MEDICAL HISTORY</b>	
Do you seem to get sick a little easier than most people? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Routinely left blank or answered as "No" by recruits in pilot testing: 97 of 100 answered No/left blank
<b>FAMILY HISTORY</b>	
Has one of your grandmothers ever broken a hip? No <input type="radio"/> Yes <input type="radio"/> Don't know	Routinely left blank or answered as "No" by recruits in pilot testing. Not considered of strong importance to male recruits.
<b>DIET AND HEALTH</b>	
Do you consider yourself: <input type="radio"/> Overweight <input type="radio"/> Underweight <input type="radio"/> About the right weight <input type="radio"/> Not sure	Repetitive question (see Section 8, question 8 and Section 9, question 43 in Current RAP Questionnaire in Appendix B).
In the past YEAR: Did you diet to lose weight? <input type="radio"/> No <input type="radio"/> Yes	Repetitive question (see Section 8, question 8 in Current RAP Questionnaire in Appendix B).
In the past YEAR: Did you take vitamins to stay healthy? <input type="radio"/> No <input type="radio"/> Yes	Not standardized question.
In the year before entering the military, about how many times each week did you do any of these kinds of exercises for at least 20 minutes:	Repetitive question (see Section 9, question 27 in Current RAP Questionnaire in Appendix B).
	5 or
	<u>None</u> <u>1</u> <u>2</u> <u>3 to 4</u> <u>more</u>
-- running or jogging	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
-- swimming	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
-- bicycling	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
-- basketball	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
-- hiking outdoors	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
-- other vigorous exercise	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>



---

**Appendix C (continued). RAP QUESTIONS DELETED**

---

---

**Original Question**

---

---

**Reason for Deletion**

---

---

**GENERAL HISTORY**

---

How many car wrecks have you had when you were the driver?

- None
- 1
- 2
- 3 to 4
- 5 to 10
- 11 or more

Not standardized question, time-consuming, repetitive.

---

Before you were 17 years old: Did your parents or guardians ever hit you so hard it caused a bruise?

- No
- Yes
- Don't know

Repetitive question (see Section 9, question 12 in Current RAP Questionnaire in Appendix B).

---

Before you were 17 years old: Did you trust your family for help and support?

- No
- Yes
- Don't know

Repetitive question (see Section 9, question 21 and 23 in Original RAP Questionnaire in Appendix A).

---

Did the following event EVER happen to you: Were you sexually molested – someone touched or felt your genitals (private parts) when you did not want them to?

- No
- Yes

Repetitive question (see Section 9, question 17 in Current RAP Questionnaire in Appendix B).

---

Did the following event EVER happen to you: You had some other terrible experience that caused you to fear you would be seriously injured or killed.

- No
- Yes

Repetitive question (see Section 9, question 19-25 in Current RAP Questionnaire in Appendix B)..

---

---

**Appendix D. RAP QUESTIONS ADDED**

---

**New Question****Reason for Addition**

---

**FAMILY HISTORY**

Are you a twin? *(or a triplet or one of a multiple birth set)* DoD/VA/NIH interest.

- No
- Yes
- Don't know

**USE OF ALCOHOL**

During the past year: Did you ever feel annoyed because someone in your life said you needed to cut down on your drinking? Part of standard CAGE questionnaire.

- Yes, during the past year
  - Yes, but more than 1 year ago
  - Never
-

## Appendix E. RAP QUESTIONS MODIFIED

Original Question	Current Question	Reason for Change*
<b>INDUCTION INFORMATION</b>		
Which one of the following are you joining? <ul style="list-style-type: none"> <li>◦ <b>Active duty ARMY</b></li> <li>◦ <b>Active duty NAVY</b></li> <li>◦ <b>Active duty AIR FORCE</b></li> <li>◦ Active duty MARINE CORPS</li> <li>◦ <b>Army National Guard</b></li> <li>◦ <b>Air National Guard</b></li> <li>◦ <b>Coast Guard</b></li> <li>◦ <b>Air Force Academy</b></li> <li>◦ <b>West Point</b></li> <li>◦ <b>Reserve ARMY</b></li> <li>◦ <b>Reserve NAVY</b></li> <li>◦ <b>Reserve AIR FORCE</b></li> <li>◦ Reserve MARINE CORPS</li> </ul>	Which one of the following are you joining? <ul style="list-style-type: none"> <li>◦ Active duty MARINE CORPS</li> <li>◦ Reserve MARINE CORPS</li> </ul>	Condense answer choices specific for MCRD
Why did you join the military? (mark <u>all</u> that apply) <ul style="list-style-type: none"> <li>◦ For education and new job skills</li> <li>◦ For travel or adventure</li> <li>◦ For a job to earn money</li> <li>◦ <b>To please family or friends</b></li> <li>◦ To leave problems at home</li> <li>◦ Family member in the military</li> <li>◦ 20-year career in military</li> <li>◦ To serve my country</li> <li>◦ <b>Nothing else to do</b></li> <li>◦ Other reasons</li> </ul>	Why did you join the military? ( <i>mark all that apply</i> ) <ul style="list-style-type: none"> <li>◦ For education and new job skills</li> <li>◦ For travel or adventure</li> <li>◦ For a job to earn money</li> <li>◦ To leave problems at home</li> <li>◦ Family member in the military</li> <li>◦ 20-year career in military</li> <li>◦ To serve my country</li> <li>◦ Other reasons</li> </ul>	Condense RAP questionnaire.
<b>GENERAL INFORMATION</b>		
What best described your racial/ethnic background? <ul style="list-style-type: none"> <li>◦ Native American, American Indian, or Alaskan Native</li> <li>◦ <b>Asian/Oriental</b></li> <li>◦ Pacific Islander/Filipino</li> <li>◦ Black (African-American)</li> <li>◦ Hispanic, Latino, or Spanish decent</li> <li>◦ White (Caucasian)</li> <li>◦ <b>Other</b></li> </ul>	What best described your racial/ethnic background? <ul style="list-style-type: none"> <li>◦ Native American, American Indian, or Alaskan Native</li> <li>◦ Asian</li> <li>◦ Pacific Islander/Filipino</li> <li>◦ Black (African-American)</li> <li>◦ Hispanic, Latino, or Spanish decent</li> <li>◦ White (Caucasian)</li> </ul>	To gather more accurate race/ethnic information.

\* Modifications, deletions, and additions to original question are highlighted in bold.

## Appendix E (continued). RAP QUESTIONS MODIFIED

Original Question	Current Question	Reason for Change*
<b>MEDICAL HISTORY and CLINICAL HISTORY</b>		
Have you had trouble with the following ANYTIME during your life? (revised SF-93)	Have you <u>ever</u> had trouble with the following ANYTIME during your life? ( <i>mark all that apply</i> )	Condense RAP questionnaire.
<ol style="list-style-type: none"> <li>1. A chronic cold or cough at night</li> <li>2. Asthma</li> <li>3. Shortness of breath</li> <li>4. <b>Chronic or frequent colds</b></li> <li>5. Hay fever</li> <li>6. Arthritis, rheumatism, or bursitis</li> <li>7. Swollen, still, or painful joints</li> <li>8. Foot trouble (like pain, corns, bunions)</li> <li>9. Knee trouble (locking or giving out)</li> <li>10. Scoliosis or curvature of the spine</li> <li>11. Dizziness, faintness, lightheadedness</li> <li>12. Frequent or severe headaches</li> <li>13. <b>Difficulty remembering or concentrating</b></li> <li>14. Skin disease, rashes or dermatitis</li> <li>15. <b>Feeling your heart pound or race</b></li> <li>16. Pain or pressure in the chest</li> <li>17. <b>Recurrent back pain</b></li> <li>18. <b>Car, train, sea, or air sickness</b></li> </ol>	<ul style="list-style-type: none"> <li>◦ A chronic cold or cough at night</li> <li>◦ Asthma</li> <li>◦ Shortness of Breath</li> <li>◦ Hay fever</li> <li>◦ Arthritis, rheumatism, or bursitis</li> <li>◦ Swollen, still, or painful joints</li> <li>◦ Foot trouble (like pain, corns, bunions)</li> <li>◦ Knee trouble (locking or giving out)</li> <li>◦ Scoliosis or curvature of the spine</li> <li>◦ Dizziness, faintness, lightheadedness</li> <li>◦ Frequent or severe headaches</li> <li>◦ Difficulty concentrating</li> <li>◦ Skin disease, rashes or dermatitis</li> <li>◦ Chest pain/pressure</li> <li>◦ Sleepwalking</li> <li>◦ Bed wetting</li> <li>◦ Trouble stuttering</li> <li>◦ Acne or skin problems</li> <li>◦ Frequent indigestion</li> <li>◦ Constipation/loose bowels</li> <li>◦ Muscle aches</li> <li>◦ Pain/problems during sexual intercourse</li> <li>◦ I have had no trouble with any of the above</li> </ul>	
Have you experienced any of the following during the <u>past year</u> : ( <i>mark all that apply</i> ):		
<ul style="list-style-type: none"> <li>◦ Sleepwalking</li> <li>◦ Bed wetting</li> <li>◦ <b>Trouble stuttering or stammering when talking</b></li> <li>◦ <b>Braces on your teeth</b></li> <li>◦ <b>Trouble falling asleep at night</b></li> <li>◦ <b>Trouble waking up too early in the morning</b></li> <li>◦ <b>Acne or skin problems that makes it difficult to shave</b></li> <li>◦ <b>Stomach pain</b></li> <li>◦ <b>Constipation</b></li> <li>◦ <b>Loose bowels or diarrhea</b></li> <li>◦ <b>Muscle aches or soreness</b></li> <li>◦ Pain or problems during sexual intercourse</li> <li>◦ <b>The thought that you have a serious disease</b></li> <li>◦ <b>Little interest or pleasure in doing things</b></li> <li>◦ <b>Worrying about a lot of different things</b></li> <li>◦ I have not had any of these problems in the last year</li> </ul>		

\* Modifications, deletions, and additions to original question are highlighted in bold.

## Appendix E (continued). RAP QUESTIONS MODIFIED

Original Question	Current Question	Reason for Change*
<b>CLINICAL HISTORY</b>		
How many separate times during your life have you been hospitalized overnight or longer? <ul style="list-style-type: none"> <li>None</li> <li>1</li> <li>2</li> <li>3 to 4</li> <li>5 to 10</li> <li>11 or more</li> </ul>	Have you ever been hospitalized overnight before? <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>	Condense RAP questionnaire and improve understandability.
<b>MEDICAL HISTORY and CHCS REGISTRATION SECTION</b>		
Are you allergic or have bad reactions to: (mark <u>all</u> that apply) <ul style="list-style-type: none"> <li>bee stings</li> <li>shell fish</li> <li>milk</li> <li>eggs</li> <li>penicillin</li> <li>sulfa drugs</li> <li>iodine</li> <li>aspirin</li> <li>any other drug</li> <li>don't know</li> <li>I'm not allergic to any of these things</li> </ul>	Are you allergic or have bad reactions to: (mark all that apply) <ul style="list-style-type: none"> <li>Bee stings</li> <li>Shell fish</li> <li>Milk</li> <li>Eggs</li> <li>Iodine</li> <li><b>Latex</b></li> <li><b>Adhesive tape</b></li> <li>Aspirin</li> <li>Penicillin</li> <li>Sulfa drugs</li> <li><b>Narcotic drugs (like Codeine)</b></li> <li>Any other drug</li> <li>Unsure</li> <li>I do not have any of these allergies</li> </ul>	Add other common allergies.
<b>FAMILY HISTORY</b>		
Is your mother alive? <ul style="list-style-type: none"> <li>Yes</li> <li>No, she died before I was 10 years old</li> <li>No, she died after I was 10 years old</li> <li>Don't know</li> </ul>	<b>Is the mother who raised you alive?</b> <ul style="list-style-type: none"> <li>Yes</li> <li>No, she died before I was 10 years old</li> <li>No, she died after I was 10 years old</li> <li>Don't know</li> </ul>	To distinguish between biological parent and caregiver.
Is your father alive? <ul style="list-style-type: none"> <li>Yes</li> <li>No, she died before I was 10 years old</li> <li>No, she died after I was 10 years old</li> <li>Don't know</li> </ul>	<b>Is the father who raised you alive?</b> <ul style="list-style-type: none"> <li>Yes</li> <li>No, she died before I was 10 years old</li> <li>No, she died after I was 10 years old</li> <li>Don't know</li> </ul>	To distinguish between biological parent and caregiver.

\* Modifications, deletions, and additions to original question are highlighted in bold.

## Appendix E (continued). RAP QUESTIONS MODIFIED

Original Question	Current Question	Reason for Change*																																																																												
<b>FAMILY HISTORY (continued)</b>																																																																														
How far did your <i>mother</i> go in school? <ul style="list-style-type: none"><li>◦ Did not complete high school</li><li>◦ Completed high school or got a GED</li><li>◦ Some college</li><li>◦ 4-year college or university degree</li><li>◦ Masters or higher degree</li><li>◦ Don't know</li></ul>	<b>How far did the mother who raised you go in school?</b> <ul style="list-style-type: none"><li>◦ Did not complete high school</li><li>◦ Completed high school or got a GED</li><li>◦ Some college</li><li>◦ 4-year college or university degree</li><li>◦ Masters or higher degree</li><li>◦ Don't know</li></ul>	To distinguish between biological parent and caregiver.																																																																												
How far did your <i>father</i> go in school? <ul style="list-style-type: none"><li>◦ Did not complete high school</li><li>◦ Completed high school or got a GED</li><li>◦ Some college</li><li>◦ 4-year college or university degree</li><li>◦ Masters or higher degree</li><li>◦ Don't know</li></ul>	<b>How far did the father who raised you go in school?</b> <ul style="list-style-type: none"><li>◦ Did not complete high school</li><li>◦ Completed high school or got a GED</li><li>◦ Some college</li><li>◦ 4-year college or university degree</li><li>◦ Masters or higher degree</li><li>◦ Don't know</li></ul>	To distinguish between biological parent and caregiver.																																																																												
Has your <i>mother</i> ever: <table><tr><td></td><td><u>No</u></td><td><u>Yes</u></td><td><u>Don't Know</u></td></tr><tr><td>-- had breast cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- high blood pressure</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had a heart attack</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had a stroke</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had colon or intestine cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had lung cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had diabetes (or sugar diabetes)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- been hospitalized for a mental or emotional reason</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had a problem with alcohol drinking</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>		<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	-- had breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had a heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had a stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had colon or intestine cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had diabetes (or sugar diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- been hospitalized for a mental or emotional reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had a problem with alcohol drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Have your <u>biological</u> mother or father ever had:</b> <table><tr><td></td><td><u>No</u></td><td><u>Yes</u></td><td><u>Don't Know</u></td></tr><tr><td>high blood pressure</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>heart attack</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>stroke</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>colon cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>lung cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>diabetes</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>mental or emotional problems</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>alcohol problems</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>		<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	mental or emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	alcohol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	To condense RAP questionnaire and to distinguish between biological parent and caregiver.
	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>																																																																											
-- had breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had a heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had a stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had colon or intestine cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had diabetes (or sugar diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- been hospitalized for a mental or emotional reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had a problem with alcohol drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>																																																																											
high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
mental or emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
alcohol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
Has your <i>father</i> ever: <table><tr><td></td><td><u>No</u></td><td><u>Yes</u></td><td><u>Don't Know</u></td></tr><tr><td>-- had prostate cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- high blood pressure</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had a heart attack</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had a stroke</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had colon or intestine cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had lung cancer</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had diabetes (or sugar diabetes)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- been hospitalized for a mental or emotional reason</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- had a problem with alcohol drinking</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>		<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	-- had prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had a heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had a stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had colon or intestine cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had diabetes (or sugar diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- been hospitalized for a mental or emotional reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- had a problem with alcohol drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Has your <u>biological</u> mother, sisters, or aunts ever had breast cancer?</b> <ul style="list-style-type: none"><li>◦ No</li><li>◦ Yes</li><li>◦ Don't know</li></ul> <b>Has your <u>biological</u> father, brothers, or uncles ever had prostate cancer?</b> <ul style="list-style-type: none"><li>◦ No</li><li>◦ Yes</li><li>◦ Don't know</li></ul>																																					
	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>																																																																											
-- had prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had a heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had a stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had colon or intestine cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had diabetes (or sugar diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- been hospitalized for a mental or emotional reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											
-- had a problem with alcohol drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																											

\* Modifications, deletions, and additions to original question are highlighted in bold.

## Appendix E (continued). RAP QUESTIONS MODIFIED

Original Question	Current Question	Reason for Change*
<b>USE OF TOBACCO</b>		
How many years did you smoke more than 3 cigarettes on most days? <ul style="list-style-type: none"> <li>◦ I have never smoked regularly</li> <li>◦ 1 year or less</li> <li>◦ 2 to 5 years</li> <li>◦ 6 to 10 years</li> <li>◦ 11 or more years</li> </ul>	How many years did you smoke more than 3 cigarettes on most days? <ul style="list-style-type: none"> <li>◦ I have never smoked regularly</li> <li>◦ 1 year or less</li> <li>◦ <b>2 years</b></li> <li>◦ <b>3 years</b></li> <li>◦ <b>4 years</b></li> <li>◦ <b>5 years</b></li> <li>◦ <b>6 years</b></li> <li>◦ <b>7 years</b></li> <li>◦ <b>9 years or more</b></li> </ul>	Important to establish pack-years.
When you were smoking regularly, about how packs did you smoke each day? <ul style="list-style-type: none"> <li>◦ I have never smoked regularly</li> <li>◦ About ½ pack or less</li> <li>◦ About 1 pack or less</li> <li>◦ Between 1 and 2 packs</li> <li>◦ About 3 or more packs</li> </ul>	When you were smoking regularly, about how packs did you smoke each day? <ul style="list-style-type: none"> <li>◦ I have never smoked regularly</li> <li>◦ About ½ pack or less</li> <li>◦ About 1 pack or less</li> <li>◦ Between 1 and 2 packs</li> <li>◦ <b>2 packs or more</b></li> </ul>	Improve readability and understandability.
When did you last smoke a cigarette? <ul style="list-style-type: none"> <li>◦ I have never smoked</li> <li>◦ More than 1 year ago</li> <li>◦ Between 1 month and 1 year ago</li> <li>◦ About 1 week to 1 month ago</li> <li>◦ Within the last few days</li> </ul>	When did you last smoke a cigarette? <ul style="list-style-type: none"> <li>◦ I have never smoked</li> <li>◦ More than 1 year ago</li> <li>◦ <b>More than 1 month ago</b></li> <li>◦ <b>More than 1 week ago</b></li> <li>◦ Within the last few days</li> </ul>	Improve readability and understandability.
Did you use any of the following 3 or more times during the past year: <div style="display: flex; justify-content: space-around;"> <span><u>No</u></span> <span><u>Yes</u></span> </div> <ul style="list-style-type: none"> <li>-- a pipe</li> <li>-- cigar</li> <li>-- smokeless tobacco (dip or snuff)</li> <li>-- chewing tobacco</li> </ul>	Did you use any of the following 3 or more times during the past year: <div style="display: flex; justify-content: space-around;"> <span><u>No</u></span> <span><u>Yes</u></span> </div> <ul style="list-style-type: none"> <li>-- a pipe</li> <li>-- cigar</li> <li>-- <b>smokeless tobacco (dip, chew, snuff)</b></li> </ul>	Improve readability and understandability.

\* Modifications, deletions, and additions to original question are highlighted in bold.



## Appendix E (continued). RAP QUESTIONS MODIFIED

Original Question	Current Question	Reason for Change*																																																																																												
<b>USE OF ALCOHOL</b>																																																																																														
During the year (12 months) before entering the military, how often did you have a drink containing alcohol? ◦ Never ◦ About once a month or less ◦ 2 to 4 times a month ◦ 2 to 3 times a week ◦ 4 or more times a week	During the year (12 months) before entering the military, how often did you have a drink containing alcohol? ◦ <b>Never</b> ◦ <b>Monthly</b> ◦ <b>Weekly</b> ◦ <b>Daily</b>	Improve readability and coherence.																																																																																												
<b>WORK HISTORY</b>																																																																																														
Please mark if you ever had a job that lasted more than one month where you were around any of the following materials on most days: <table><thead><tr><th></th><th><u>No</u></th><th><u>Yes</u></th><th><u>Don't Know</u></th></tr></thead><tbody><tr><td>-- dust</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- loud noise</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- <b>fumes from gasoline, diesel, or kerosene</b></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- <b>fumes from solvents or degreasers</b></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- <b>insecticides or pesticides</b></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- <b>herbicides (weed killers)</b></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- asbestos</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- ionizing radiation, like x-rays or radioactive material</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- welding material</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- smoke from burning things</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- lead (like inside car batteries)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- <b>radar equipment</b></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></tbody></table>		<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	-- dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- loud noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- <b>fumes from gasoline, diesel, or kerosene</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- <b>fumes from solvents or degreasers</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- <b>insecticides or pesticides</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- <b>herbicides (weed killers)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- ionizing radiation, like x-rays or radioactive material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- welding material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- smoke from burning things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- lead (like inside car batteries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- <b>radar equipment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Please mark if you ever had a job that lasted more than one month where you were around any of the following materials on most days: <table><thead><tr><th></th><th><u>No</u></th><th><u>Yes</u></th><th><u>Don't Know</u></th></tr></thead><tbody><tr><td>-- dust</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- loud noise</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- fumes from gasoline, paint, or degreasers</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- insecticides, pesticides or herbicides (weed killers)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- asbestos</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- ionizing radiation, like x-rays or radioactive material</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- welding material</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- smoke from burning things</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>-- lead (like inside car batteries)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></tbody></table>		<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	-- dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- loud noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- fumes from gasoline, paint, or degreasers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- insecticides, pesticides or herbicides (weed killers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- ionizing radiation, like x-rays or radioactive material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- welding material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- smoke from burning things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-- lead (like inside car batteries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Condense RAP questionnaire.
	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>																																																																																											
-- dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- loud noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- <b>fumes from gasoline, diesel, or kerosene</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- <b>fumes from solvents or degreasers</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- <b>insecticides or pesticides</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- <b>herbicides (weed killers)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- ionizing radiation, like x-rays or radioactive material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- welding material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- smoke from burning things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- lead (like inside car batteries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- <b>radar equipment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>																																																																																											
-- dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- loud noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- fumes from gasoline, paint, or degreasers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- insecticides, pesticides or herbicides (weed killers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- ionizing radiation, like x-rays or radioactive material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- welding material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- smoke from burning things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											
-- lead (like inside car batteries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																											

\* Modifications, deletions, and additions to original question are highlighted in bold.

## Appendix E (continued). RAP QUESTIONS MODIFIED

Original Question	Current Question	Reason for Change*
<b>GENERAL HISTORY and USE OF ALCOHOL</b>		
During the prior month, how many times did you drive a car after drinking alcohol? <ul style="list-style-type: none"> <li>◦ Never</li> <li>◦ 1</li> <li>◦ 2</li> <li>◦ 3 to 4</li> <li>◦ 5 to 10</li> <li>◦ 11 or more</li> </ul>	<b>Have you ever driven a car after drinking alcohol?</b> <ul style="list-style-type: none"> <li>◦ <b>Yes, during the past year</b></li> <li>◦ <b>Yes, but more than 1 year ago</b></li> <li>◦ <b>Never</b></li> </ul>	Condense RAP questionnaire and improve understandability.
<b>GENERAL HISTORY</b>		
Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD) – like gonorrhea, the clap, the drip, genital herpes, syphilis? <ul style="list-style-type: none"> <li>◦ No</li> <li>◦ Yes</li> <li>◦ Don't know</li> </ul>	<b>Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD) – like chlamydia, gonorrhea, genital herpes, or syphilis?</b> <ul style="list-style-type: none"> <li>◦ No</li> <li>◦ Yes</li> <li>◦ Don't know</li> </ul>	To improve readability and understandability.

\* Modifications, deletions, and additions to original question are highlighted in bold.

**Appendix F. KAPPA STATISTIC ANALYSIS for PLATOON 1085B**

	Kappa Range	Average Kappa	Notes
<b>Section 1</b>			
<b>REGISTRATION AND INDUCTION INFORMATION</b>	0.31 – 1.00	0.78	Based on 26 questions
<b>Section 2</b>			
<b>GENERAL INFORMATION</b>	0.76 – 1.00	0.94	Based on 9 questions
<b>Section 3</b>			
<b>WORK HISTORY</b>	0.41 – 0.88	0.71	Based on 14 questions
<b>Section 4</b>			
<b>FAMILY HISTORY</b>	0.40 – 1.00	0.73	Based on 17 questions
<b>Section 5</b>			
<b>CLINICAL HISTORY</b>	0.00 – 1.00	0.54	Based on 35 questions
<b>Section 6</b>			
<b>USE OF TOBACCO</b>	0.00 – 0.97	0.80	Based on 11 questions

**Overall Kappa\* 0.75**

\*Derived by averaging all sectional kappas.

**Kappa Statistic Analyses:**

1.00 $\geq$ K $\geq$ 0.75	Denotes excellent agreement
0.75 > K $\geq$ 0.40	Denotes good agreement
0.40 > K > 0.00	Denotes poor agreement
K = 0.00	Agreement no greater than expected by chance

**Appendix G. KAPPA STATISTIC ANALYSIS (II)****Total number of recruits  
n= 195****Platoons 1037A, 2082F, 2083F**

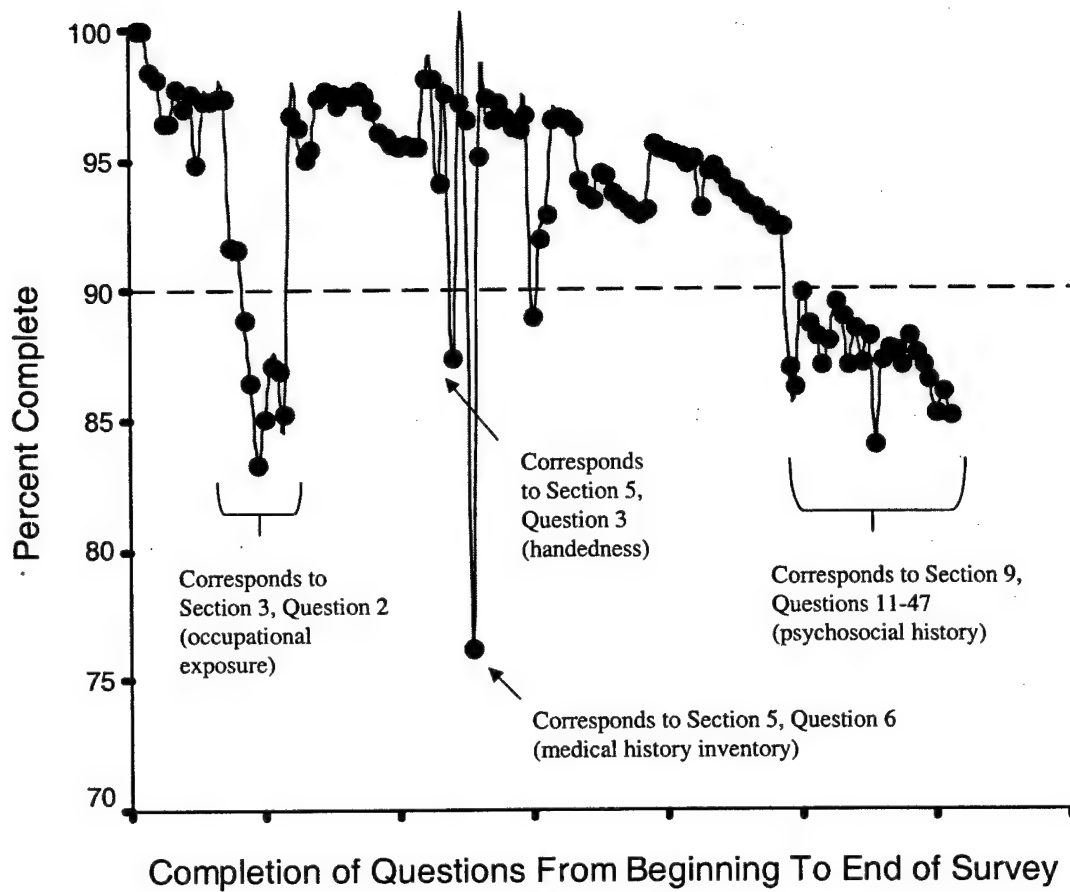
	<b>Kappa Range</b>	<b>Average Kappa</b>	<b>Notes</b>
<b>Section 1</b>			
<b>REGISTRATION AND INDUCTION INFORMATION</b>	0.79 – 1.00	0.96	Based on 25 questions
<b>Section 2</b>			
<b>GENERAL INFORMATION</b>	0.89 – 1.00	0.97	Based on 9 questions
<b>Section 3</b>			
<b>WORK HISTORY</b>	0.66 – 1.00	0.92	Based on 13 questions
<b>Section 4</b>			
<b>FAMILY HISTORY</b>	0.88 – 1.00	0.93	Based on 18 questions
<b>Section 5</b>			
<b>CLINICAL HISTORY</b>	0.66 – 1.00	0.93	Based on 31 questions
<b>Section 6</b>			
<b>TOBACCO USE</b>	0.92 – 1.00	0.97	Based on 11 questions
<b>Section 7</b>			
<b>ALCOHOL USE</b>	0.68 – 1.00	0.89	Based on 14 questions

<b>Section 8</b>	<b>Kappa Range</b>	<b>Average Kappa</b>	<b>Notes</b>
<b>DIET AND HEALTH</b>	0.91 – 1.00	0.95	Based on 9 questions
<b>Section 9g</b>			
<b>GENERAL HISTORY</b>	0.85 – 1.00	0.94	Based on 16 questions. Questions 6 and 10 not included in average due to high missing rate
<b>Section 9fd</b>			
<b>FAMILY DYSFUNCTION</b>	0.88 – 1.00	0.94	Based on 7 questions
<b>Section 9p</b>			
<b>POST-TRAUMATIC STRESS DISORDER</b>	0.66 – 1.00	0.90	Based on 8 questions
<b>Section 9fs</b>			
<b>FUNCTIONAL STATUS</b>	0.76 – 0.96	0.84	Based on 20 questions

**Overall Kappa\* .93**

\*Derived by averaging all sectional kappas.

## Appendix H. COMPLETION RATE



**Appendix I. PARTIAL BLINDING RETEST**

Unblinded n=143, Blinded n=145

Frequency missing ( )

Question	FREQUENCY:	Unblinded	Blinded
<b>USE OF ALCOHOL</b>			
During the past 12 months, have you had at least one drink containing alcohol?			
◦ No		46	41
◦ Yes		97	104
		(0)	(0)
How old were you when you first had a drink containing alcohol?			
◦ I have never had a drink of alcohol		19	22
◦ 13 years or younger		9	8
◦ 14 to 15 years old		20	30
◦ 16 to 17 years old		61	60
◦ 18 to 20 years old		27	18
◦ 21 years or older		7	7
		(0)	(0)
How many years have you drunk alcoholic beverages on a regular basis:			
◦ I have never drunk alcohol		20	23
◦ I just tried alcohol a few times		84	60
◦ Monthly		20	29
◦ Weekly		16	31
◦ Daily		2	2
		(1)	(0)
During the year (12 months) before entering the military, how often did you have a drink containing alcohol?			
◦ Never		53	47
◦ Monthly		69	67
◦ Weekly		19	24
◦ Daily		1	5
		(1)	(2)
During the past year, how often did you have 6 or more drinks at one sitting?			
◦ Never		102	93
◦ Monthly		33	31
◦ Weekly		6	18
◦ Daily		1	1
		(1)	(2)



---

During the past year, how many drinks containing alcohol did you have  
on a typical day of drinking?

◦ None, I do not drink	45	42
◦ 1 or 2	54	47
◦ 3 or 4	24	25
◦ 5 or 6	11	11
◦ 7 to 9	4	10
◦ 10 or more	3	8
	(2)	(2)

---

**Appendix I. PARTIAL BLINDING RETEST (Cont.)**

Unblinded n=143, Blinded n=145

Frequency missing ( )

Question	FREQUENCY:	Unblinded	Blinded
<b>USE OF ALCOHOL</b>			
Have you ever failed to do what was normally expected of you because of drinking?			
◦ Yes, during the past year		127	135
◦ Yes, but more than a year ago		8	4
◦ No		4	5
		(4)	(1)
Have you or someone else been physically injured because of your drinking?			
◦ Yes, during the past year		136	136
◦ Yes, but more than a year ago		1	4
◦ No		0	3
		(6)	(2)
Did you ever feel as though you needed to cut down on your drinking?			
◦ Yes, during the past year		125	130
◦ Yes, but more than a year ago		5	4
◦ No		7	9
		(6)	(2)
Did you ever feel annoyed because someone in your life said you needed to cut down on your drinking?			
◦ Yes, during the past year		135	135
◦ Yes, but more than a year ago		2	5
◦ No		0	3
		(6)	(2)
Did you ever feel guilty after drinking?			
◦ Yes, during the past year		124	130
◦ Yes, but more than a year ago		5	6
◦ No		8	7
		(6)	(2)
Did you ever need a first drink, or eyeopener, in the morning following a day or night of heavy drinking?			
◦ Yes, during the past year		132	137
◦ Yes, but more than a year ago		2	3
◦ No		3	3
		(6)	(2)

**Appendix I. PARTIAL BLINDING RETEST (Cont.)**

Unblinded n=143, Blinded n=145

Frequency missing ( )

Question	FREQUENCY:	Unblinded	Blinded
<b>USE OF ALCOHOL</b>			
Did you ever feel as though you could not stop drinking once you started?			
◦ Yes, during the past year		132	132
◦ Yes, but more than a year ago		2	5
◦ No		2	5
		(7)	(3)
Have you ever driven a car after drinking alcohol?			
◦ Yes, during the past year		115	111
◦ Yes, but more than a year ago		14	17
◦ No		8	15
		(6)	(2)
<b>DIET AND HEALTH</b>			
About how many hours did you sleep most nights?			
◦ 4 hours or less		4	5
◦ 5 hours		9	12
◦ 6 hours		34	32
◦ 7 to 8 hours		69	67
◦ 9 hours		21	24
◦ 10 hours or more		6	4
		(0)	(1)
Have you ever taken diet pills to lose weight?			
◦ No		133	131
◦ Yes		10	13
		(0)	(1)
Have you ever caused yourself to vomit to lose weight?			
◦ No		141	142
◦ Yes		1	2
		(1)	(1)
About how many hours did you watch TV on an average day?			
◦ None		8	8
◦ 1 hour or less		62	49
◦ 2 to 3 hours		61	70
◦ 4 or more hours		12	16
		(0)	(2)
Have you ever used steroids to gain weight or increase muscle strength?			
◦ No		143	143
◦ Yes		0	1
		(0)	(1)

**Appendix I. PARTIAL BLINDING RETEST (Cont.)**

Unblinded n=143, Blinded n=145

Frequency missing ( )

Question	FREQUENCY:	Unblinded	Blinded
<b>GENERAL HISTORY</b>			
How many close friends or relatives do you have that you can call on for help or talk to about personal problems?			
◦ None		4	6
◦ 1		7	5
◦ 2		23	27
◦ 3 to 4		44	46
◦ 5 or more		63	58
		(2)	(3)
During the year before entering the military, did you:			
◦ Get married		6	5
◦ Have a child		6	6
◦ Get divorced		1	2
◦ Get arrested by the police		10	8
◦ Get fired from a job		6	4
◦ Experience the death of someone close to you		15	18
◦ None of these events happened to me		101	106
		(0)	(0)
Do you sometimes get mad enough to hit, kick, or throw things?			
◦ Never		71	72
◦ About once a year		42	31
◦ About once a month		22	26
◦ About once a week		3	7
◦ More than once a week		3	6
		(2)	(3)
How old were you when you had sexual intercourse for the first time?			
◦ I have never had sex before		23	24
◦ 13 years of age or younger		4	9
◦ 14 to 15 years old		32	31
◦ 16 to 17 years old		52	50
◦ 21 years old or older		26	24
		(3)	(4)
How often do you wear a seatbelt when driving or riding in a car?			
◦ Never		7	8
◦ Sometimes		12	17
◦ Usually		28	25
◦ Always		93	90
		(3)	(5)
Did you or your partner use a condom (rubber) the last time you had sex?			
◦ No		34	43
◦ Yes		83	76
◦ I have not had sex		23	23
		(3)	(3)

**Appendix I. PARTIAL BLINDING RETEST (Cont.)**

Unblinded n=143, Blinded n=145

Frequency missing ( )

Question	FREQUENCY:	Unblinded	Blinded
<b>GENERAL HISTORY</b>			
The following are statements about you as a child.			
Mark all that apply:			
° You sometimes felt there was no one taking care of you.		10	16
° You sometimes felt you were physically mistreated.		4	6
° You trusted your family for help and support.		86	61
° You often felt unloved or unwanted.		6	12
° You ever saw your parents or guardians hit each other.		10	8
° You often felt mistreated emotionally.		4	8
° Any adult ever touched you sexually or tried to make you touch them sexually.		2	3
° None of the above ever happened to me.		39	52
Did any of the following events EVER happen to you in your life?			
Mark all that apply.			
° You were in an accident where you could have been killed but were not badly hurt.		36	31
° You were in an accident where you were injured and had to spend at least one night in the hospital.		4	6
° You saw a close family member or friend being badly injured or killed.		11	18
° You saw a stranger being badly injured or killed.		13	17
° You were seriously attacked, beaten up, or assaulted.		5	16
° You were threatened with a knife, gun, club, or other weapon.		17	15
° You were raped (someone forced you to have sex when you did not want them to).		0	0
° None of the above ever happened to me.		72	71